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AUTHOR Stark, Jeanne A.
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ABSTRACT

The purpose of this study was to determine whether associate and baccalaureate faculties and nursing service administrators have different perceptions regarding the competencies required of baccalaureate, associate, and service nursing graduates. The competencies studied were: (1) preparation for patient care; (2) carrying out patient care; (3) teaching and guidance; (4) evaluation; (5) supervision/management; and (6) professionalism. Approximately fifty faculty from each group were surveyed using an eighty-item forced-choice questionnaire developed for the study. Response rate was 71%. Findings indicated similar faculty expectations for all nursing students, regardless of the degree program, except in teaching and supervision/management. In these competencies, between and within faculty group differences demonstrated an uncertainty about nursing roles as related to educational levels, although supervision was generally assigned to the baccalaureate nurse. The study concluded that because of nurse practice Acts, legislation, and changes in health care delivery systems, it is essential for educators and employers to agree on the functions of nursing graduates in each program. A literature review and bibliography are included and the questionnaire, statistical tables, and papers appropriate to the study are appended. (RT)

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A Comparison of the Perceptions of Associate Degree and Baccalaureate Degree Nursing Faculty and Nursing Service Administrators in Regard to Terminal Competencies of Associate and Baccalaureate Degree Nursing Graduates

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JEANNE A. STARK

A MAJOR APPLIED RESEARCH PROJECT
PRESENTED TO NOVA UNIVERSITY IN PARTIAL FULFILIMENT
OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF EDUCATION

NOVA UNIVERSITY
1977

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This accomplishment required the help and support of many individuals. Sincere thanks to all those who extended the help and encouragement needed by someone who began their educational career during their mature years.

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Finally, the writer would like to thank the faculty and nursing service administrators who participated in the study.

Abstract of a Major Applied Research Project Presented to Nova University in Partial Fulfillment of the Requirements for the Degree Doctor of Education

A COMPARISON OF THE PERCEPTIONS OF ASSOCIATE DEGREE AND BACCALAUREATE DEGREE NURSING FACULTY AND NURSING SERVICE ADMINISTRATORS IN REGARD TO TERMINAL COMPETENCIES OF ASSOCIATE AND BACCALAUREATE NURSING GRADUATES

BY

Jeanne A. Stark
May, 1977

Nursing service and nursing education is in a time of crisis and turmoil. Two levels of nurse practitioner have emerged, the associate degree or technical nurse and the baccalaureate degree or professional nurse. Both levels of practitioner obtain licensure by passing the same national test-pool examination. Often the only differences that can be seen in practice are salary differentials. Nurses are being underutilized and often overextended. State legislatures are considering nurse practice acts legitimatizing two levels of nursing practice, other groups are speaking to two kinds of licensing examinations. One examination would test the commonalities of safe nursing practice and a second examination would test the additional special skills of the baccalaureate graduate. At this time the special skills of the baccalaureate graduate are yet to be defined. The primary purpose of this study was to identify the perceptions of associate and baccalaureate degree nursing faculty and nursing service administrators in

regard to the competencies expected of the graduates of each of the two types of collegiate nursing programs.

The instrument used to investigate the perceptions of the survey groups was developed by adapting items from the Goldsmith (1970) study and the associate degree competencies developed by the Council of Associate Degree Deans and Directors, Florida, 1976. The forced choice questionnaire contained seventy-seven competencies grouped under six general nursing function categories. The six categories were: 1) planning nursing care; 2) carrying out nursing care; 3) teaching and guidance; 4) evaluation; 5) supervision/management; and 6) professionalism. Three demographic data items were used to identify the respondents' area of employment, years in nursing practice and educational background.

The sample surveyed was asked to indicate whether the competency listed was one expected of both levels of practitioner or of the baccalaureate graduate only. Hypotheses were formulated and tested by an analyses of variance, evaluated at the .05 alpha level. A taxonomy was developed for use in reporting the data.

Between group and within group differences were evident in the analyses of the data for items in each of the six general categories. No evidence of a consistent alliance of either one faculty group with the other or of the nursing service administrator group and either of the faculty groups in perceptions emerged. When competencies showed possibilities of assignment to baccalaureate graduates only they were most often found under the areas of evaluation; management/supervision and teaching and guidance.

The study can be generalized only to South Florida. It is recommended that it be replicated with a larger sample in a wider geographical area. This would make the data more useful in defining the roles and functions of each level of nurse practitioner.

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CHAPTER I

INTRODUCTION

Throughout the country those faculty involved with nursing education have become increasingly aware of the problem of educating students to function with competence while understanding the process necessary for the delivery of their special skills (Connelly, 1975). This problem is compounded by the demands of educated consumers and constant technological advances. As the delivery of health care changes with the changing needs of a society in the throes of social, economic, and political change, so must nursing education change.

Nursing, searching for professional status has, in the last twenty-five years, altered ways in which nursing education is provided. Originally an apprentice-like "training", nursing education has moved from hospital based, service oriented education into institutions offering post-secondary education. Yet the place of nursing in society and particularly professional nursing is still ambiguous and in a transitional state (Sheehan, 1972). Conflicting ideas concerning what nursing should be and what preparation is required has created problems (Brown, 1971: 480). Educators, employers, nurses, and other members of the health team are unsure of either appropriate preparation or appropriate usage of the graduates of different kinds of programs. Nurses eligible to write the state licensing examination are graduates of accredited programs. Accredited programs produce graduates with a diploma, an associate in science or a baccalaureate degree.

At this point in time there is only one national test-pool examination for licensure. This examination is administered to all graduates regardless of the type of nursing program from which they graduated. Nurses are educated in a variety of settings and for varying lengths of time. A graduate may be the product of: (1) a two or three year hospital based diploma program (DIP); (2) a two year community or junior college associate degree program (ADN); (3) a four or five year college or university baccalaureate program (BSN).

The public is confused and the employing institutions have difficulty in using appropriately the products of these various programs. As nurses take on more responsibilities both nurses and other health team members are threatened and disturbed by the ambiguities and uncertainties surrounding the nurse in relation to levels of practice (Extending the Scope of Nursing Practice, 1972). Nursing has yet to define the differences in the philosophical base and expected terminal competencies of the graduates from each type of program.

The increase in both associate degree and baccalaureate nursing graduates educated to function somewhat differently, makes it essential that a clear distinction in description and role definition be made. This is not to say that functions or roles remain static. It is reasonable to expect that as the health care delivery system changes the functions and roles, once clearly defined, will be adapted to reflect changing times and changing needs. Only the nursing profession can make distinctions in nursing practice. The voices of related professions and the consumer must be heard, but the final task must be done for and by nursing (Sheehan, 1972 443).

STATEMENT OF THE PROBLEM

A clear definition of each of the two collegiate levels of nursing practice cannot be developed until both educators and users of the practitioners can agree upon those competencies that are isolated to the baccalaureate graduate alone. Inherent in this statement is the understanding that there is a common level of practice for both practitioners which will assure safe nursing care at the entry point into the profession but that baccalaureate nursing education increases the breadth and depth of nursing skills (Extending the Scope of Nursing Practice, 1972).

PURPOSE OF THE STUDY

The purpose of this study was to determine whether associate degree nursing faculty, baccalaureate degree nursing faculty, and nursing service administrators differ in their perceptions of the competencies required of associate degree and baccalaureate nursing graduates at the time of graduation. More specifically, it was assumed that some competencies under consideration apply to both associate degree and baccalaureate degree nursing graduates while others, more advanced, apply only to baccalaureate nursing graduates. Given this assumption, it was the purpose of this study to determine whether or not the faculty and nursing service administration groups have different perceptions regarding the competencies required of baccalaureate and associate degree graduates. The competencies to be studied fell into the following broad categories: (1) preparation for patient care; (2) carrying out patient care; (3) teaching and guidance; (4) evaluation; (5) supervision/management; (6) professionalism.

VARIABLES

Independent

Associate Degree Nursing Faculties

Baccalaureate Nursing Faculties

Nursing Service Administrators in Patient Care Institutions

Dependent

Extent of agreement or disagreement regarding the competencies of associate degree and baccalaureate graduates as measured by the scores on the survey instrument.

HYPOTHESIS

Hypothesis: There were differences between associate degree and baccalaureate degree faculty and nursing service administrators in the perceived competencies of baccalaureate and associate degree graduates.

Null Hypothesis: Associate degree and baccalaureate nursing faculty and nursing service administrators perceived no differences in the competencies required of baccalaureate and associate degree graduates.

ASSUMPTIONS

First it was assumed that, in nursing education where there are different or increasingly complex levels of education, there is a hierarchy of competencies. Based on this assumption the investigator assumed that the baccalaureate nursing graduate will meet all of the competencies required of the associate degree graduate but will have additional competencies by virtue of the differences in the educational

experience. Second, it was also assumed that baccalaureate nursing faculties and associate degree nursing faculties adhere to the same philosophy in regard to the need for basic competencies for each of their products. It was also assumed that all hospital service administrators utilizing graduates of both programs have the same or similar patient care needs. Finally it was assumed that all baccalaureate nursing programs to be studied had reasonably similar programs, and that all associate degree nursing programs surveyed also had reasonably similar programs.

LIMITATIONS

It was recognized that there were certain limitations beyond the control of the study, The most important of these was that the basic assumptions may not be correct. Since a questionnaire was utilized to collect the data the weaknesses of this approach was considered to be a limitation. According to McCallon and McCray (1975), some of the limitations of the questionnaire included the lack of motivation on the part of the respondents to provide the information requested, the limited flexibility of the instrument, that is, it did not allow for clarification of the questions, and a possible small number of returns.

Other major limitations considered included the fact that only southern Florida was surveyed. Institutions of both the public and private sector were included in the study. Two multicampus and one single campus community college were represented and two private and one public upper division institutions were represented in the survey population.

The decision of one of the baccalaureate nursing faculties in one South Florida university not to participate in the study must also

be considered a limitation.

Only teaching institutions having associate or baccalaureate degree nursing programs in south Florida were surveyed. Only patient care facilities of one hundred fifty patient beds were surveyed since a large majority of practicing new graduates are employed by these institutions.

DEFINITION OF TERMS

American Nurses' Association (ANA): the official professional national nursing organization, representing and speaking for nursing and nurses. This association sets standards and qualifications for nursing practice on all levels.

Associate degree graduate (ADN): a nursing program in a community or junior college which prepares a technical nurse. This program is usually twenty-four months in length. Graduates receive an associate in science degree and are eligible to sit for the state licensing examination.

Associate degree faculty: any full-time certified nurse-teacher currently teaching in a junior or community college nursing program.

Baccalaureate graduate (BSN): an individual who has completed a program of nursing education in a degree granting college or university with an upper division. Graduates receive a baccalaureate degree.

Baccalaureate faculty: any full-time, certified nurse-teacher currently teaching in a degree granting college or university with an upper

division.

Baccalaureate program: a nursing program in a college or university with an upper division which offers a baccalaureate degree. This program may be four or five years in length, or may be the second half of a two-plus-two program. Graduates receive a baccalaureate degree and are eligible to sit for the state nursing licensure examination.

Competencies: a basic understanding of nursing activities, tasks, or behaviors, and the ability to perform these activities and tasks and to exhibit the behaviors.

National League for Nursing (NLN): an organization which has as its goal the improvement of nursing education programs. It also aids in the improvement of nursing care through the provision of advanced training, seminars, and workshops for nurses. Nurses and community representatives are included in its membership and sit on the Board of Directors. The National League for Nursing is the official accrediting body for schools of nursing.

Nursing practice: the art and science utilized by the graduate of a nursing program while delivering health care.

Nursing service administrators: this title, for the purpose of this study, will refer to either the individual responsible for hiring and firing nursing personnel, nursing department budgets and nursing care or to the in-service nurse educator in patient care institutions of one hundred fifty beds or more.

Patient: any person, well or sick receiving the services of a nurse for the purpose of promoting, restoring and maintaining health or minimizing the consequences of illness (Journal of the American Medical Association, 1972).

Patient care institution: any hospital or extended care facility in which both ambulatory and non-ambulatory patients receive care. These institutions must be accredited by the American Hospital Association to be included in this study.

Professional nurse: a graduate of a baccalaureate degree nursing program.

Registered nurse: a graduate of any accredited nursing program who has successfully passed the national test-pool examination for state licensure.

Technical nurse: a graduate of an associate degree in nursing program.

Terminal competency: perceived skill in specific nursing activities, tasks and behaviors at the completion of a technical or professional nursing program.

GENERAL RESEARCH DESIGN

Population and Sample Selection

The total population consisted of the nursing faculties of Miami-Dade Community College, Broward Community College, Palm Beach Community College, the University of Miami, Barry College, Florida International University and nursing service administrators in South Florida, of patient care facilities of one hundred fifty beds or more. The University of

South Florida faculty voted against participating in the study.

A proportionate random sample, fifty percent (50%) of the associate degree faculties and one hundred percent (100%) of the baccalaureate faculties and hospital administrators were sent copies of the survey instrument with a cover letter describing the study purpose and problem. Before mailing the opinionnaire, the appropriate college and hospital administrator was contacted by letter to acquaint them with the study and to obtain their permission to utilize employees of the institution for purposes of the study.

Research Instrument

A structured questionnaire was utilized to obtain interval data reflecting perceptions of the respondents. This type of instrument was chosen in order to reach a reasonably representative sample without undue expenditure of money or time. Another advantage of the instrument was that each respondent was asked to answer the same questions posed in exactly the same way, providing more comparable data.

The competencies were listed in like groups under the following general headings: (1) preparation for patient care; (2) carrying out patient care; (3) teaching and guidance; (4) evaluation; (5) supervision/management; (6) professionalism. The respondents were asked to score each competency by placing a check in the column which best indicated their evaluation of the level of responsibility. The two columns were headed BSN only, and ADN and BSN. The respondents were further asked not to leave any item blank and to mark only one response per item.

Where necessary two questionnaire two weeks apart were sent. The second mailing was sent only to those in the sample population who

did not respond originally. The return envelopes were coded to make this evaluation possible; the questionnaires in both mailings were, of course, identical.

Analysis of the Data

The data were collected and analyzed to denote how the three groups differed on each item. The variability, or the fact that differences existed and what those perceptual differences were are indicated. Tables display results when appropriate. The data were treated by appropriate statistical techniques.

SIGNIFICANCE OF THE STUDY

In order to define levels of nursing practice it was first necessary to identify the perceptions of both nurse educators and nurse employers concerning terminal competencies. There is much pressure from nursing groups, professional organizations, educators and employers to clarify how different programs provide different practitioners, and how these practitioners function differently from one another (Appendixes C, D, E and F). It is expected that this study will be one step in assisting educators and employers to articulate expectations.

Deans and Directors of associate degree nursing programs in Florida have developed a draft of expected competencies for the associate degree graduate. Deans and Directors of baccalaureate nursing programs are about to being the same task. The American Nurses' Association and the National League for Nursing also recognize the problems being caused by unclear statements of standards and qualifications for different levels of nursing practice. Several states are trying to legislate differences pro-

fessional groups are attempting to get a commitment from members to support or refute statements made by other groups.

Nursing must clean up its own house and clearly state who and what they are. Role and function definitions must be clearly understood by legislators, employers, practitioners and consumers. Public confidence and trust must be assured by nursing's refusal to ignore or obliterate those skills acquired through differences in educational preparation (Sheehan, 1972:444). This study makes a significant contribution to those within the profession who are collecting research data in order to bring to nurse educators, practitioners and employers a meaningful definition of the two levels of nursing practice.

CHAPTER 2

REVIEW OF THE LITERATURE

According to Rotkovitich (1976) the community still sees "a nurse" as "a nurse" as "a nurse". Neither nursing faculties, the community, other health professionals or employers distinguish clearly among practitioners. Curriculum goals, utilization and legal distinction are still hazy. It is essential, Rotkovitich continues, that the objectives of each program be clarified so that curriculum can be relevant and the graduates have the ability to enter practice with an increased confidence and ease.

Nurses are constantly increasing their responsibility for patient care. It is necessary for the practitioners to remain dynamic and to continue to increase in effectiveness and efficiency in their role as deliverers of health services and to function at their highest level of potential (Extending the Scope of Nursing, 1972). Unfortunately, nursing's place in society is still in transition. It is necessary to look to nursing education and nursing service for the "source of and the solution to the problem" (Sheehan, 1972).

The nursing profession continues to struggle to develop a conceptualization of professional and technical nursing (McClure, 1976: 100). If nursing continues to be unable to differentiate between the two levels of nursing practice others will do so.

Selectivity was necessary in attempting to review the literature

relevant to this study. Only those areas which contributed most to the relevancy of the study were undertaken for discussion. Those categories which the writer chose to investigate included: a brief description of the development of nursing in the United States; an historical description; associate degree nursing; baccalaureate nursing; the utilization of graduates from each program; and related studies. Since a total investigation and discussion of each area seemed to be beyond the scope of this study, only the most pertinent or most representative material was reviewed.

DEVELOPMENT OF NURSING IN THE UNITED STATES

An Historical Description

Prior to the first systemized "training" of nurses by Florence Nightingale, in England, precipitated by her experiences in the Crimean War, nursing services were primarily provided by religious orders. American nursing education developed as a result of Nightingale's experiences and the industrialization of the United States begun in the 1880's. The apprentice-like, service oriented programs were established in hospitals (Davis, 1966: 71). These programs became known as hospital diploma programs. Hospital nursing programs continued to expand rapidly due, in part, to the growth of population, the movement of women into the labor market, and an increased value placed on health.

In the early 1900's nursing leaders were identifying the need to separate the educational process from hospital control. There were many factors which prevented this from occurring (Spalding and Notter, 1965: 21): (1) student nurses met the need for inexpensive nursing service within the hospital setting; (2) independent schools of nursing were

expensive to set up; and, (3) the functions of the hospital nursing school graduates and those of the schools' participants were not clarified.

A development which had great significance on the pattern of nursing education occurred in 1923. It was at that time that the Committee for the Study of Nursing Education, known as the Goldmark Committee made its recommendations. Many of the findings of the committee are still relevant today, (Rawnsley, 1973). Richard Beard, as reported by Rawnsley, a strong supporter of improved nursing care, critiqued the report. Beard stated, "it is the great body of the nursing profession in America which must eventually settle the issues and control the policy of nursing education". This same cry is heard today. As Rawnsley states (1973), over fifty years after the Goldmark report many of the same problems continue to plague nursing. The remnants of the apprenticeship system can be seen today. Although most nursing education has moved into postsecondary institutions the disparity in the ratio of clinical laboratory experiences in nursing sciences as compared to laboratory experiences in other sciences supports the literature. Other, still relevant, observations made by the Goldmark Committee were: (1) universities were considered ideal for nursing education; (2) the role of nursing in the prevention of illness, in generic programs, was grossly neglected; (3) there was a lack of correlation between theory and practice in generic programs; (4) there was little provision for the preparation of teachers and instructors, those being utilized were deficient in both theory and practice; and, (5) new ideas were being adopted by educational institutions without the teachers and resources to make them effective.

Esther Lucille Brown did a post World War II study on the

changing needs of the nursing profession (1948). This report has been described as a study which "shook the structure of nursing education and hospital administration" because it dared to suggest that in the next half-century professional nurses must be "prepared in colleges" (Spalding and Notter, 1965: 22). Brown's suggestion that ... "the possession of a degree is fast becoming a criterion of a person having received professional training as contrasted with vocational training" (Brown, 1948:72), also caused strong reaction among nurses and nurse educators.

It was not until the 1950's that the apprentice system was dealt a lethal blow. Although baccalaureate nursing programs had been preparing nurses since 1909 it was not until 1952, with the development of the first associate degree program that the impact of another educational form was felt. Mildred Montag of Teachers' College, Columbia University embarked on a 5-year research project. The project gave birth to the development of curriculum within community junior colleges for the preparation of nurses. The 1950's was a decade of innovation. The associate degree nurse was born, studied and tested (Channing, 1973: 110). This program was based on the fact that the role of the nurse remains somewhat constant; this implies that the basic responsibility of a nurse is one of nurturance and care (Brown, 1948). The new program was designed to prepare a technical nurse and gave evidence of an attempt by the nursing profession to distinguish between two levels of registered nurses.

Other developments which have affected the nursing profession include: the establishment of the National Accrediting Service in 1950 by Helen Nahm; the publication of Nursing Research, in 1952, that was the first periodical to publish nursing research studies. The establishment of "The Research Grants and Fellowship Programs", in 1955, under the

Division of Nursing in the U.S. Public Health Service, this organization stimulated and provided financial support to research investigators and research training in nursing.

In 1963 Toward Quality in Nursing: Needs and Goals, was published. This was the report of the Surgeon General's Consultant Group on the major aspects of nursing and predictions of future needs for health care and services. Federal grants for the construction of educational facilities and financial aid in the form of traineeships, loans and scholarships results from this report. An Abstract for Action, (1970), also known as the Lysaught report was also a result of the 1963 publication. The National Commission for the Study of Nursing and Nursing Education was established as a result of the data accumulated by the Surgeon General's group. Lysaught and others, studied ways to improve the delivery of health care and nursing education. Many of the observations discussed in the report (An Abstract for Action, 1970) were similar to those made earlier by the Goldmark study. The Lysaught report (1970) identified four major problems in nursing: (1) disparity between the supply and demand for nurses; (2) confusion relative to roles and functions in nursing practice; (3) multiplicity of nursing education programs; and (4) lack of satisfying nursing career opportunities. Recommendations included: (1) increased research for nursing education and nursing practice; (2) improved nursing education programs; (3) clarification of nursing roles and practice; and (4) increased support and career opportunities for nurses. Nursing practice loses many good potential nurses due to the fact that there is great difficulty in their ability to transfer the philosophy of the program in which they were educated to the real world of the patient care facility. Most employers

utilize all graduates in a similar fashion. Often times the only difference that can be found between the associate degree and baccalaureate degree graduate delivering health care, is in a salary differential. There is then little job satisfaction and either the nurse moves from institution to institution seeking a place in which the practice most closely emulates that which was taught as an expectation, or the nurse leaves nursing for other more satisfying careers.

The National League for Nursing (1973) published a general description of the Characteristics of Associate Degree Education in Nursing (Appendix A). A task force formed by the National League for Nursing in 1974 developed recommendations on licensing for nurses. They took into consideration the various types of educational programs and suggested that the "current system of licensing for practice in the field of nursing be retained" (Appendix B). Both of these National League for Nursing reports raised much controversy and in March, 1975, the New York Nurses' Association reactivated a special committee to study the New York State Nurse Practice Act. As a result, the group proposed a clear delineation of the practice of nursing and of practical nursing. They proposed that by 1980 any individual seeking licensure as a nurse would be required to enter a baccalaureate program in nursing and that the term "practical nurse" would describe the graduate of an associate degree program (Appendix C). A great hue and cry was heard across the nation. Controversy became the order of the day. Nurses in other states formed organizations both for and against the New York proposal. No clear functional definitions had yet been made, but the proposal was to be presented to the New York State Legislature. Mobility of nurses was being threatened. The very foundation of nursing education was again being challenged before

real clarification of product had been made. Nurses and employers of nurses had not articulated expectations and come to any agreement about how this "professional nurse" and "practical nurse" would function differently. The profession is still unable to agree on what the distinction between the technical and professional nurse is, yet the name of the game continues (Sheehan, 1972).

The Council of Baccalaureate and Higher Degree Programs at its semi-annual meeting in Houston, Texas in March of 1976, supported the New York State Nurses' Association's position (Appendix D). Later that same month the Council of Associate Degree Programs met and loudly declared their opposition to the Houston resolution. Much action regarding nursing practice and nursing education is presently taking place. Nursing literature, work shops, meetings and discussion groups are all airing viewpoints. The American Medical and Hospital Associations are also being heard. The Council of Associate Degree Programs on October 5, 1976 prepared and printed a position paper regarding nurse licensure. This proposal suggested that the present national test-pool examination be retained as the basis for an evaluation of safe nursing practice and that an examination be added to evaluate the additional knowledges and skills of the baccalaureate graduate (Appendix E). This would have the effect, if adopted, of negating the New York resolution. How this examination is to be developed prior to the identification of the special skills and knowledges of the baccalaureate graduate remains unanswered.

As members in the Associate Degree Nursing Council, the Deans and Directors of associate programs in Florida, with some input from faculty and some nursing service directors in the state, have prepared a statement of associate degree nursing competencies. This group presented to

the National League for Nursing in November, 1976, a paper called Criteria for the Evaluation of Education Programs in Nursing Leading to An Associate Degree (Appendix F). This was an attempt to identify the terminal competencies expected of the associate degree nursing graduate.

Much continues to happen, and much has happened since the early 1900's when it all began. It seems evident that two levels of nursing practice have emerged; the professional and the technical nurse. Both of these programs continue to grow. By 1973 forty-two percent (42%) of all nurses practicing in patient care institutions were graduates of associate degree nursing programs, while twenty-two percent (22%) were products of baccalaureate programs (Bullough and Sparks, 1975). Functions and roles of the professional and technical nurse must be identified. Curricula and job opportunities as well as increased job satisfaction on the part of the nurse and better health care for the consumer rests on this distinction.

Associate Degree Nursing

Associate degree education in the twenty plus years since its inception has created the greatest influence on nursing education of all nursing programs (Hunt, 1974: 19). The program was conceived and developed by Mildred Montag as a means of changing educational opportunities at the postsecondary level. It was expected that the associate degree programs would attract potential students who otherwise might not be able to enter the nursing profession (Kaiser, 1975: 4). The technical program was deliberately placed in junior/community colleges which were already matched with other types of technical and/or vocational programs. It was also expected that the community colleges would be expanding

throughout the United States. These institutions, therefore, seemed to be the most likely place to institute programs of this type.

The associate degree programs have offered nursing and society the opportunity to prepare a health practitioner who can function at the patient's bedside (Ashkenas, 1973: 6). The rapid increase in the number of programs since 1952 has been due in part to an increase in community interest; changes in geographic and social mobility; the advance of the women's rights movement; and the growth of health facilities (Fagin, 1972; 103).

Since there is a shorter period of educational investment, approximately two years, there are relatively fewer sacrifices that must be made by the student in comparison to the three, four or five year programs. Investment returns also come back sooner to the community college graduate. The cost to the student may also be decreased since many of the programs are located in public institutions passing on some of the cost to local, state and federal governments (Hunt, 1974: 20).

By 1952 eight pilot programs for technical nursing education were in existence. By 1971 approximately thirty-six percent (36%) of all nursing programs were associate degree nursing programs. As the community colleges became more geographically convenient to students some of the preexisting barriers to postsecondary education were reduced.

Associate degree nursing programs were developed to follow the pattern of other technical programs. Generally the curriculum includes a balance of general education courses and technical or vocational nursing content (Kaiser, 1975: 4). Community college faculties and administrators appreciate the fact that the technical nurse is not a diluted professional. The two year graduate has a narrower knowledge base than

his/her baccalaureate companion, yet his/her technical competency may be greater (Sheehan, 1972: 440). Montag, (1972) in reevaluating the associate degree programs speaks to the increasing enrollment, the increasing numbers, the diversity in the age of the student body and the fact that these programs seem to attract greater numbers of male students than other types of nursing programs. These facts validate many of the reasons for the placement of the programs.

Bullough (1966: 37) reported a statement made by Montag and Gotkin.

> ...implication of and experience with associate degree nurse education clearly shows the need for a statement of objectives of each type of nursing program. The statement of objectives is dependent upon a clear picture of the product to be produced. We can no longer have programs different in length, content and method and yet claim to be preparing professional practitioners of the same competency.

Hallinan (1973: 106) confirms Montag's feelings by stating that the concern with the preparation of other health team members has been so great that nursing has not taken the time to really define nursing and the role of the associate degree graduate in health care delivery systems. Forrest, (1968) in response to the identified need, attempted to define technical nursing's role by dividing nursing functions into four broad categories with specific actions listed under each category.

"Today in nursing everyone seems to be trying to define and refine a variety of roles for the nurse ... giving new roles does not contribute to clarifying what the nurse is or should be doing" (Torres, 1974: 184). Montag proposed the framework and the functions of the technical nurse. It was her premise that the level where skill and judgment must be exercised is the area under which there must be the supervision of a professional nurse. Eleanor Lambertsen suggests that "technical practice

requires comprehension, application and analysis but within the framework of existing structures or patterns of practice" (Lambertsen, 1967: 2).

Montag identified the functions of the technical nurse as: (1) to assist in the planning of nursing care to patients; (2) to give general nursing care with supervision; (3) to assist in the evaluation of nursing care (1951: 70). Ruth Matheny (1967) clearly defines technical nursing practice as direct nursing care delivered to patients with evident health problems and common recurring nursing problems. She further defines the technical nurse practitioner as a registered nurse with an associate degree who is able to practice nursing with a high degree of skill utilizing scientific principles in the delivery of health care. The technical nurse, she continues, practices under the supervision of a physician, professional nurse or both, while supervising other workers in the technical aspects of care. This is the position of educators, yet the public continues to see the nurse as a "functional, technical doer". Unfortunately the consumer does not see this health practitioner utilizing cognitive or intellectual processes as a part of the nursing role (Fagin, 1976).

However the public sees the role, there are at present approximately 598 associate degree programs and 313 baccalaureate programs all producing nurses capable of delivering health care in a variety of ways and in a variety of settings (Fagin, 1976). Nursing education has shown a response to the changing needs of society but has been unable to interpret these changes either to itself or to the society which it strives to serve. Although the educators seem to agree that the associate degree nurse is a different practitioner from the professional nurse they too

seem to be unable to collectively come to a common definition of function.

Baccalaureate Nursing

The need for baccalaureate programs in nursing was identified early in the development of nursing in the United States. As early as 1909 a nursing program was instituted at the University of Minnesota. By 1928 the Frances Payne Bolton school at Western Reserve had been started and the Yale program, with grants from the Rockerfeller foundation, had opened its doors to nursing students (Bullough and Bullough, 1969: 230).

Programs continued to develop but with a wide variance in effectiveness. Many of the collegiate schools of nursing failed to maintain the same basic standard required of students in other baccalaureate programs within the same institution (Bridgman, 1953). Prior to 1953 baccalaureate programs, in general, failed to introduce new philosophies or concepts in nursing education. Innovation in nursing was not to be found on the college campus. Traditional hospital programs were merely transferred to universities and colleges (Bullough and Bullough, 1969).

The National League for Nursing and nurse educators throughout the country began to make demands regarding collegiate program standards. It was under this impetus that colleges began to reorganize nursing programs in order to more closely align them with other undergraduate programs within the various institutions of higher learning. In 1932 there were a sufficient number of baccalaureate programs in the country to make feasible the formation of an Association of Collegiate Schools of Nursing. The purpose of this organization was to assist in setting standards and to provide an official vehicle to make it possible for baccalaureate edu-

cators to interact. Investigations conducted in 1935 identified that out of the sixty-six existing baccalaureate nursing programs only twenty-four were really hospital schools of nursing loosely affiliated with colleges. Nursing education was still plagued by the dichotomy between "educational objectives and hospital service needs" (Bullough and Bullough, 1969: 188).

It was not until after World War II that baccalaureate programs became important in adding to the supply of registered nurses (Hunt, 1974: 17). Although associate degree education had started in postsecondary institutions in the 1950's, the position paper published by the American Nurses Association (1965) gave an additional push to the further development of professional education. The American Nurses Association clearly stated that the education for all those licensed to practice nursing should take place in institutions of higher learning (American Nurses Association, 1965: 5). This included community colleges and upper division colleges and universities. The Lysaught report (1970) also reaffirmed this need.

Professional nursing, as different from technical nursing now had a title and an educational site. It did not, however, meet the needs of society since an exploration and identification of the functions of the professional had not been brought to fruition. Merely giving the title of "professional" to the graduates of baccalaureate nursing programs was not likely to clarify the situation (Torres, 1974: 187). At the present time there is still no legal distinction between registered nurses on the basis of generic education.

Blakeney (1973: 107) predicted that professional nursing had the ability to adequately define its role. She felt that that body of nurse

educators could identify those components which would produce graduates able to function as independent leaders while comfortably collaborating with physicians. They have yet to do so.

Montag (1972) reiterated the pressing need for a clarification of the differences between professional and associate degree programs. These differences in levels of competence must be clearly defined in order to develop meaningful curricula and job descriptions. The search for a clear definition of function has been pursued, ineffectively, since the early 1960's (Keller, 1971: 109) creating what is now seen as a crisis in nursing practice and nursing education.

The theoretical basis for baccalaureate education must provide the graduate with knowledge beyond that of the associate degree graduate. Shirley Chater (1969: 2) suggests that the professional nurse should be able, by virtue of the educational experience, to "choose, evaluate and apply nursing actions". Associate degree faculties would also agree that these functions are basic to their graduates. Chater further defines professional behaviors as "the ability to explore, modify and change the rules of action depending on patient variables and theoretical base". Some of these actions may also be performed by the technical nurse. Are the experts then speaking of levels of the same behavior? The supervisory role of the baccalaureate graduate, described by many educators, and the ability to function in distributive as well as episodic care situations may very well be the differences between the two types of practitioners.

Eleanor Lambertsen stated as early as 1958 that only professional nurses should be allowed the responsibility of directing the nursing team and of delegating "nursing or quasi-nursing" activities to nursing team

members (Lysaught, 1971: 168). Lambertsen also felt that it was important to recognize the limitations of the neophyte professional graduate. She stated that "professional education should prepare the student for continuous learning and growth even as the principles learned are being applied. The product of a professional education should be a beginning practitioner not an accomplished one" (Lysaught, 1971: 153).

There is little doubt that professional practitioners should be educated in a college or university granting a baccalaureate degree. This education is necessary not only in the area of practice but is important to the profession. It is only from these programs that there can be sufficient members of potential candidates for specialized functions. Those functions include advanced education for the preparation of teachers, researchers, clinical specialists, administrators and staff for professional and planning agencies (Lysaught, 1971: 153).

Eli Ginzburg, a member of the Committee on the Function of Nursing (1948) agreed with Brown in her evaluation of the two levels of nursing practice being most effective when identified as practical and professional nursing. This seems very much in line with the present New York State proposal. Ginzburg further described the professional nurse as an individual who has had basic academic work and good professional training. This background would enable the graduate to become the head of the nursing care team with the responsibility for planning, teaching and supervising. The professional nurse, Ginzburg continued, would have the ability "to perform tasks too complex for other members of the nursing team" (1948). A clear distinction, but not clarification of what kind of function would "be too complex".

Sr. Callista Roy (1973: 168) simply defines the differences be-

between the technical and professional nurse as: "the technical nurse problem solves in known situations", while "the professional nurse problem solves in unknown situations". The many definitions offered by nursing leaders and educators are similar. Nursing literature is replete with those already stated and many more of a similar nature. There is, however, no identification of those specific competencies to be built into a baccalaureate program that would produce a practitioner able to function at the level described. This study attempted to identify those competencies that are isolated to the professional nurse and those which both the associate degree and bacclaureate nurse share in common.

The Utilization of Graduates from Associate Degree and Baccalaureate Nursing Programs

> Nursing is our art in which we must unfailingly excell. To do this we must apply our very highest energies, striving constantly to gain truer understanding of our work and toward fairer and sounder methods in it. There does not seem to me to be any reason why a nurse with real command of her work should not become as distinguished in her own field as are eminent teachers in other fields (Nutting, 1926: 347).

In view of what Nutting said fifty years ago it seems incongruous that this country for years has continued to increase the variety and number of health workers to bring "nursing care" to the public. These efforts have results in little satisfaction. Nurses still represent the largest body of health personnel and have been traditionally underutilized and misutilized in our health care delivery system (Lysaught, 1970: 1974). Nurses are dissatisfied with what they are doing and so is the consumer. Practitioners of the art of nursing, regardless of their educational preparation, are found employed in the same job descriptions with little to indicate the fact that they may possess differ-

ent skills and knowledge.

Part of the problem stems from the fact that nurse educators and nursing service directors continue to be hypercritical of what the other is doing or not doing (Mac Phail, 1976). Educators have been telling nursing administrators what they should be doing while nursing administrators have been telling educators what they should be doing. Emotions, attitudes and defensiveness clouds the possibility for articulation between the two groups (Davidson and Brock, 1974).

Although the associate degree graduate is often aware of the need to work under the supervision of a professional nurse this practitioner is rarely found in the patient care setting. When a professional nurse is employed it is unusual to find this individual at the patient's bedside or even in the role of team leader. Promotions to charge nurse or the "nursing office" come quickly to the baccalaureate graduate. The fact is, that technical nurses often find themselves cast in the role of the professional nurse even though underprepared to be effective. The associate degree nurse is confronted with the frustration of trying to meet the employers' expectations and assume responsibilities that he/she has not been prepared to meet.

The patient care setting of a hospital find professional and technical nurses sharing the same subservience to the physician. Professional nurses who are taught, in most generic programs, that theirs is a collaborative role with other members of the health team must deal with the physician who does not recognize this function. The professional nurse may find that the institution becomes mightier than the personal resolve to practice as taught. Often this practitioner is forced to reduce practice to the lowest common denominator, the theoretical foundation,

becoming nothing more than an over-qualified technician (Sheehan, 1972: 442).

Hospital nursing services have yet to differentiate levels of staff nursing or to create distinct positions for each level of practitioner (Davidson and Brock, 1974). Davidson and Brock further identify five major problems within patient care facilities which contribute to the improper utilization of nursing personnel: (1) a lack of differentiation made between the accountability and authority expected of, and given to, each level of practitioner; (2) a lack of structure of the position of staff nurse to reflect the practice of the professional nurse; (3) a lack of structure to provide functional services to patients apart from ward routines and activities; (4) the beginning practitioner is given as much responsibility by job title as the experienced practitioner; and (5) a lack of identification, as a basis for different staff positions, of judgment, performance and leadership.

At present, the perception of most nursing administrators regarding the role and responsibilities of each level of nursing practice is cloudy and blurred (Board of Directors, 1972). Nursing practice continues to become increasingly complex. There is an ever expanding demand for services, skills, decision making and leadership. Yet there is no clarification of which practitioner is best suited for each role. The multitude of changes occurring demand better utilization of nursing personnel (Scott, 1974: 364). It will require hard thinking on the part of the health professions to deal with this continuing explosion of health care facilities and technology.

There is much pressure on hospitals to make a realistic place for the baccalaureate graduate in order for maximum utilization of base know-

ledge and skill. The professional nurse by virtue of the educational experience, comes to the work situation with some feelings of autonomy, the ability to think independently, to innovate and to direct and implement care. These roles, as well as that of working in a collaborative role with the physician are often not functional. Institutions, forced by large patient loads and budgets as well as the need to strive for maximum efficiency, end up dividing patient care into small component parts or segments. This results in the creation of a hierarchal, bureaucratic environment. This is in direct conflict with the expectations of the baccalaureate graduate, leading to role conflict, an increase in role deprivation and for some the choosing of other careers (Kramer, 1970).

Montag said that associate degree programs were initiated to prepare nurses who, at the beginning level, would have specific skills and be able to perform certain nursing functions (Rotkovitch, 1976: 234). These skills and special functions are still to be delineated. Many elements of nursing practice are common to both the associate degree and baccalaureate degree graduates. These must be identified before nursing service administrators can develop plans for appropriate utilization. Nursing education and nursing service administrators have an interrelated responsibility (Montag, 1972). Educators must provide programs which clearly identify their product to meet today's needs and anticipate and plan curriculum for the future. Nursing service must provide the climate that will permit the nurse to practice at the highest possible level of ability. These goals can only be met if educators and service personnel articulate needs, desires and design. Each group can no longer function in isolation. The dialogue must continue in earnest and as Sister Anne Moore (1967) has concluded, fewer discrepancies between preparation and utili-

zation would occur if meaningful in-service programs were developed to assist with the transition to the work situation.

At present the novice nurse, beginning a first job experience, enters the hospital milieu as an employee whose role is unclear. The transition from student to worker is filled with frustration and anxiety. "Reality shock" as described by Kramer (1974) is the order of the day. Educators and nursing administrators must alleviate this condition by sharing in the responsibility of clarifying the terminal competencies expected from each of the educational programs producing the nurses that will deliver health care to the community.

Related Studies

Comparatively few studies similar to this study were found in the literature. Shields' study developed to identify abilities to be included in diploma and associate degree programs (1952: 32) provided a delineation of "ability areas as accepted aims of basic professional nursing education" and indicated a need for further study.

Moore (1966) conducted a study dealing with behavioral objectives related to nursing activities. The major areas of nursing activities were researched by utilizing nurse educators from thirty-five states. These areas were related to judgment, responsibility and leadership in a general hospital milieu. The respondents to the thirty-two item questionnaire were requested to indicate the appropriateness of each listed behavior for diploma, associate degree or baccalaureate nurses. They were also asked to indicate the importance of each item and how often the respondent had observed the behavior in graduates of each of the three programs employed in the hospitals. The behaviors which seemed to be isolated, by the respondents, to the baccalaureate graduate, related to leadership and

management activities. The results of this study were inconclusive due to the unilateral use of only baccalaureate faculty in the development of the survey instrument and the ambiguous nature of the directions for its use. The procedure utilized for the collection of the data was weak and the statistical analysis used to evaluate the data was not clearly defined.

A study done in Washington state by Fiorentino and others (1969), dealt with behaviors expected of associate degree graduates. Community college faculties and employers of the graduates were asked to respond to a sixty item questionnaire. The sixty behaviors were divided into five major categories: (1) skills; (2) communication; (3) personal growth; (4) nursing judgment; and (5) administration. Administration was the primary area in which the faculty respondents did not expect the technical nurse to perform. However, eighty-one percent (81%) of employer respondents did expect the graduates to perform administrative activities.

This study reidentified the dichotomy between the expectations of nursing faculty and nursing service administrators in respect to terminal competencies expected of the associate degree graduate.

The curriculum study done by Bailey and others (1971: 443) at the University of California, San Francisco, used as an underlying premise the following description of the professional nurse: "an individual who is able to exercise a wide range of skills and to have developed professional judgment of a superior order". This practitioner, the study continued, is expected to carry out traditional nursing functions and

> be able to exercise administrative and teaching skills, to serve as a leader of the nursing service team, and to adapt the practice of nursing to meet the needs of patients in a wide variety of settings.

The study, longitudinal in nature, gave evidence of the creativity of faculty in developing curricula to produce the product that they identified. The major emphasis was described as the creation of an environment in which problem solving skills could be maximized. The group proved, to their satisfaction, that the experimental curriculum was effective.

The study of Nursing Occupations conducted by the Goldsmith group (1970) at the University of California, Los Angeles, submitted an exceedingly long questionnaire to four hundred fifty persons. The respondents were carefully selected from forty-eight hospitals throughout the country. Items were developed to represent a task analysis of all activities and procedures utilized in the delivery of patient services. This study focused on three major dimensions of task performance: the distribution of the activities among the three types of personnel being studied; the appropriateness of the task assignment to the level of personnel; and the "criticality" of the task being performed. Criticality meant that the task was critical to "efficient and effective operation of nursing service" (Goldsmith, and others, 1970:15). The three levels of personnel under study were, nursing aides, practical/vocational nurses and registered nurses. These three areas of research were expected to produce data relevant to the planning of pre and post in-service programs.

One of the major patterns to emerge from the study was evidence of the overlapping of task activities appropriate to all three groups of nursing service personnel. The suggestion was made that the tasks, when replicating the studies, be grouped according to homogeneity utilizing the criticality of the task as the criterion for inclusion. Based on this suggestion, this study included a questionnaire with broad classifications

under which specific, critical, nursing behaviors were indicated. Items: (Goldsmith, and others, 1970: 88-90) 140, 150, 150.3, 149.1, 143, 142, 153.2, 150.4 and 153.1 were adapted from the Goldsmith study, for this study, since they reflected functions of professional nursing as reported in the literature. They also reflected high scores in the original study, for appropriateness of registered nurse activities but not of the other nursing personnel under study.

The Goldsmith (1970) study also identified administration as primarily a function of the registered nurse. The study undertaken tried to identify which level of registered nurse, technical or professional, was perceived by the sample population to be most prepared for this type of activity.

Lucille Wood (1972) in her follow-up to the Goldsmith study suggests, what she labels as, a Stage II nurse practitioner eliminating the conflict surrounding the separate and similar functions of the technical and professional nurse. She developed a hierarchy of nursing education, from the simple to the complex. Stage V being what is now considered doctoral level. In her study, she suggests basing Stage II nursing curriculum on the forty percent (40%) of the activities identified by the Goldsmith and others (1970) study as the more complex nursing activities. Wood (1972), in her study, listed the survey tasks identified for the 1970 Goldsmith study, but tabulated them according to frequency of the performance of the task by the practitioner. The development of the survey instrument used in this study, utilized the tasks identified as functions of registered nurses only. This categorization assisted in identifying a differentiation of level of registered nurse most responsible for the function, by virtue of education.

The remainder of the items on the proposed survey instrument were adapted from the document of nursing competencies developed by the Deans and Directors of associate degree programs in the State of Florida (Appendix F).

A study done to attempt to differentiate between the technical and professional nurse was conducted by Waters and others (1972). The investigators used performance objectives arranged in three categories: (1) nature of problems and characteristics of decision making; (2) scope of practice; and (3) attitudes towards practice. The data collected in the San Francisco Bay area were accumulated through observations and interviews. Forty-eight staff nurses, evenly divided between associate degree and baccalaureate degree graduates were observed in nursing situations. Twelve directors of nursing service and twenty-two head nurses were interviewed.

Results of the study indicated that the nursing activities described in the literature as technical nursing functions were indeed performed by the associate degree graduate. Only six of the twenty-four nursing activities performed by the baccalaureate graduates were judged to be of professional level. The lack of precise definitions of professional and technical nursing made it difficult to obtain hard data. The study pursued by this investigator will assist nursing experts to come closer to an explicit differentiation of the two levels of nursing practice.

Summary

The review of related literature demonstrates that curricula of both associate degree and baccalaureate programs fail to differentiate between those competencies which would indicate real performance in the two levels of nursing practice. Nursing service administrators increase the

problem by employing both professional and technical nurses in the same type of position. It is also the expectation of most nursing administrators that new graduates will function, within a short time, as effectively and efficiently as the experienced practitioner.

Both associate degree and baccalaureate graduates are, at this time, not differentiated legally in any state. Both take the same national test-pool examination for licensure. There are some indications on the part of nursing groups that there will be an attempt to alter this method of licensure. Until that occurs, however, both levels of nurses fill the same or similar jobs and demand the same salaries.

The educational preparation of nurses is underutilized, while functions are often overextended. Many health workers, making up the nursing care team, have different educational backgrounds, levels of preparation and role concepts. Leadership is often not delegated properly and duplication of patient services, misunderstandings and job dissatisfactions result.

The dichotomy between nursing service administrators and nursing faculties regarding performance expectations of the technical nurse and professional nurse still exists. Both the administrators and educators share an interrelated responsibility for defining the areas of nursing care that are common to both levels of practitioner and those that are professional nursing responsibilities alone.

CHAPTER 3

METHODOLOGY

Data relevant to this study were collected through the distribution, by mail, of an eighty item, forced choice, survey instrument. The total sample was faculties of associate and baccalaureate degree nursing programs and nursing service administrators of patient care facilities of one hundred fifty beds or more, in southern Florida.

SAMPLE

The subset of the larger population used for the purposes of the study was a subset of the larger population which consisted of community college and upper division college/university nursing faculties and nursing service administrators in southern Florida. The sampling procedures varied from one group of faculty to another. The primary intent of these procedures was to secure relatively comparable numbers of respondents from each of the three groups. This comparability was required in order to provide reasonable protection against invalid statistical results. The purpose of the sampling procedure in this sense, was to provide for reasonable internal validity rather than maximum external validity (Stanley and Campbell, 1967).

Since the institutional arrangements and numbers of persons employed in these areas differed, different proportions of the three groups were surveyed. In each case the intent was to survey approxi-

mately fifty persons in each group. The smallest group was the baccalaureate faculty. Only four institutions in south Florida offer baccalaureate programs in nursing, totalling approximately fifty baccalaureate faculty members. Attempts were made to survey all nursing faculty members of these four institutions, however, the faculty in one of these institutions chose not to participate in the study. All nursing faculty members of the other three institutions were surveyed.

The second largest group was the nursing service administrators employed in one hundred fifty plus bed institutions. Approximately fifty-five such members were identified (American Hospital Association Guide, 1976). Each of the administrators were surveyed.

The largest group was the associate degree nursing faculty, consisting of approximately ninety-five members. Approximately fifty per cent (50%) of these numbers were surveyed.

Survey Instrument

A three item demographic and seventy-seven competency item questionnaire was developed for use in the study. Each competency was listed under a broad, general category. The categories represent what is commonly indicated by nursing experts, as found in the literature, as nursing functions. These general nursing activities are: (1) preparation for patient care; (2) carrying out patient care; (3) teaching and guidance; (4) evaluation; (5) management/supervision; and (6) professionalism.

The instrument, mailed to participants, was developed from items 140, 150, 150.3, 149.1, 143, 142, 153.2, 150.4, 153.1, 153.2, 150.4, and 153.1 (Goldsmith and others, 1970: 88-90). These items reflected high scores for behaviors attributed to registered and profes-

sional nurses. The remainder of the items were adapted from the report of Deans and Directors of associate degree nursing programs in Florida.

Following the development of the survey instrument it was read for clarity, appropriateness and possible ambiguities by two baccalaureate and two associate degree nursing faculty members outside of Florida. The instrument was also read by one of the Deans of associate degree nursing programs in Florida, who participated in the preparation of the document developed by that group, and by one non-nursing educator. This panel of experts suggested the addition of two definitions to the directions page and the clarification, by adding examples, to two of the competency items. These additions were made. The cover letter (Appendix G), directions (Appendix H), demographic data page (Appendix I), and the instrument (Appendix J), were accepted, by this investigator, as appropriate to the study.

The letter sent to administrative persons in each institution (Appendix K) for permission to conduct the survey was developed. This letter preceded the mailing of a questionnaire to any faculty or nursing service administrator. Permission to use employees of the various institutions as members of the sample population was accepted either by return letter or by phone.

Treatment of the Data

The statistical technique used to assess the data was a by-item analysis of variance. The first task, in using this technique, was a determination of which of the various competencies were perceived to differ in responsibility from one group to another.

Concerning the group differences, the first question posed was,

do the nursing service administrators and the associate degree nursing faculties differ in their perceptions of the two levels of nursing graduates responsible for each competency? Secondly, attention was given to how these differences developed; that is, do the nursing service administrators differ from the two faculties, do the two faculties differ from each other, and so on.

Interpretation of the Data

The intent, in each of the analyses, was to determine where differences existed in the competency requirements perceived by the three groups. A series of univariate analyses were conducted on an item by item basis within each of the six basic nursing categories. These analyses, in turn, indicated which items within the separate categories were most, and least, useful in discriminating between group perceptions.

Finally, and for each of the six nursing category areas, there was the consideration as to which groups differed. The literature gave evidence that baccalaureate faculties would probably be similar in their expectations of baccalaureate and associate degree terminal competencies, while associate degree faculties and nursing service administrators would perceive associate degree terminal competencies to be similar to those expected of baccalaureate graduates. This did not prove to be so in all instances. All hypotheses were treated at the .05 alpha level.

For the purposes of this report the data were developed into three categories of between group differences: 1) those items by general nursing category, which showed a statistically significant difference at the .05 level or less; 2) those items, by general nursing

category, which showed a near statistically difference at the .06 to .11 level, or showed a statistically significant difference at the .05 level or less but showed a moderate difference or questionable variance between groups; 3) those items, by general nursing category, which were statistically non-significant. Standard statistical tables consisting of the detailed output are found in Appendix L for inspection by the interested reader.

A taxonomy was developed for use in describing the data in order to assist the reader to deal with the large number of items (Table 3, Chapter 4, pp. 45-48.)

More specifically, the results are organized as follows: (1) for each of the six general nursing categories, note has been made as to differences in perceptions among the three groups of respondents on each category in general, and also on which groups seem to differ on each item. Further note was taken as to which of the categories tended to produce the largest difference. This organization of the results will be useful in planning for further research desired regarding nursing competencies in this general area; (2) for the competencies within each category, group means are presented in tabular form, using the taxonomy developed for this purpose.

This type of organization of results, while somewhat unusual, lends itself to maximum reliability and organization without burdening the non-statistical reader with methodological detail.

CHAPTER 4

DATA ANALYSIS

The purpose of this investigation was to identify levels of differences and similarities in the perceptions of nursing service administrators, associate degree and baccalaureate degree nursing faculty with regard to the terminal competencies of the graduates of each of the two collegiate nursing programs. Such a differentiation is essential in order to determine curriculum design, employment policies, and licensing examinations for each level of practitioner.

The data were subject to a simple analyses of variance in order to identify major differences in perceptions. Data regarding perceptions of the desired assignment of competencies were collected from one hundred and two members of three professional groups. Two of the groups were educators of two levels of nurse practitioners. The third group consisted of employers of the graduates of the two nursing programs. Table 1 shows the number and percentage of responses received from each of the three groups.

Table 1

Number and Percent of Survey Responses from Each Group

Questionnaires	Associate Degree Faculty	Baccalaureate Faculty	Nursing Service Administrators
Distributed	52	40	51
Returned	37	29	36
Percent Returned	71	72	70

One hundred forty-three questionnaires were sent to the three groups. Two mailings were used to acquire the maximum number of responses possible. One hundred and two questionnaires were completed and returned. It was expected that the nursing service administrator group would produce the smallest number of returns since they might not have an immediate interest in the level of preparation of the nurse, but rather in the graduation of registered nurses. This did not prove to be true. The seventy percent (70%) questionnaire return of this group was almost equal to the seventy-one percent (71%) questionnaire return of the associate degree faculty and the seventy-two percent (72%) questionnaire return of the baccalaureate faculty. The percentage of the total number of questionnaires returned from all three groups was .71 (71%).

Demographic Data

The first three items on the questionnaire collected demographic data related to level of education and years of nursing experience of the respondent groups (Table 2).[1] It was not possible, within the constraints of this study, to ascertain whether either the educational or nursing experiences of the survey group had any effect on the results of the study. It is recommended, however, that these data should be considered for examination with a larger population if the study is replicated.

Table 2

Educational and Nursing Experience
of Respondent Groups

Group	Total Number	Education					Nursing Experience				
		Diploma	Associate Degree	Baccalaureate Degree	Masters	Beyond Masters	0-5 Years	6-10 Years	11-15 Years	16-20 Years	Over 20 Years
Nursing Service Administrators	36	10 (28)*	0 (0)	13 (36)	12 (33)	1 (3)	0	6 (17)	7 (19)	3 (8)	20 (56)
Associate Degree Faculty	37	0 (0)	0 (0)	7 (19)	25 (67)	5 (14)	1 (3)	10 (27)	11 (30)	2 (5)	13 (35)
Baccalaureate Degree Faculty	29	0 (0)	0 (0)	5 (17)	21 (73)	3 (10)	3 (10)	4 (14)	8 (27)	8 (27)	6 (22)
N=	102	10	0	25	58	9	4	20	26	14	39

* numbers in parenthesis represent percentage of respondents in the specific category.

Non-Demographic Data

The seventy-seven, non-demographic data, items on the questionnaire were divided into six major nursing categories related to nursing competencies. The survey respondents were asked to indicate whether they perceived the competency to be an expectation of both associate and baccalaureate degree nursing graduates or of baccalaureate degree nursing graduates only.

The categories of nursing competencies within the questionnaire were: (1) preparation for patient care, thirteen items; (2) carrying out patient care, twenty-nine items; (3) teaching and guidance, thirteen items; (4) evaluation, seven items; (5) supervision/management, six items; and (6) professionalism, nine items. Due to the number of ways results may be organized, Table 3 describes the taxonomy to be used in reporting the data.

On the following pages the results of the data is presented in the following way; items are dealt with according to the six general nursing categories and are presented in tabular form using the taxonomy table, pp. 45-47. Following each category there is a general discussion of the results shown in each table. The interested reader can find the statistical tables by group percentages in Appendix L.

Table 3

Taxonomy for Describing
Statistical Results

Statistically Significant (SS)*
Category 1: Differences between groups

Subcategory a: the majority of all respondents assigned the competency to one practitioner or the other. Generally these will be items where statistical differences occur but which have little practical meaning.

Subcategory b: one group of respondents assigned the competency to a practitioner group differently from the other two.
(1) associate degree and baccalaureate faculty versus nursing service administrators.
(2) associate degree faculty and nursing service administrators versus baccalaureate degree faculty.
(3) nursing service administrators and baccalaureate degree faculty versus associate degree faculty.

Subcategory c: the three groups of respondents assigned the competency differently between the practitioner groups.

Near Statistical Significance (S)*

Category 2: Differences between groups

Subcategory a: Those items which show a moderate difference between the perceptions of each of the three groups do not produce a statistical significance at the .05 level.

Subcategory b: those items which show a moderate difference between one group and the other two but in which the differences are just short of the .05 alpha level.
(1) associate degree and baccalaureate faculty versus nursing service administrators.
(2) associate degree faculty and nursing service administrators versus baccalaureate degree faculty.
(3) nursing service administrators and baccalaureate degree faculty versus associate degree faculty.

Statistically Non-Significant (OS)***

Category 3:

Subcategory a: eighty percent or more of the respondents assigned the competency to both practitioners.

Subcategory b: items which evoked considerable disagreement within but not between each of the three groups of respondents

*. SS statistical significance at the .05 level or less.

**. S marginal statistical significance at the .06 to .11 level or at the .05 level or less with moderate but questionable variance between the groups.

***. OS no statistical significance at the .05 level or less.

ANALYSIS BY GENERAL NURSING CATEGORIES

PREPARATION FOR PATIENT CARE

Table 4

Survey of 1.0: Preparation for Patient Care

ITEM		LEVEL OF SIGNIFICANCE*	CATEGORY**
1.1	Utilize principles from behavioral and clinical sciences to plan nursing care.	S	2b (3)
1.2	Apply concepts of developmental needs to specific patient situations.	SS	1b (3)
1.3	Take a nursing history.	OS	3a

Table 4 (continued)

ITEM		LEVEL OF SIGNIFICANCE*	CATEGORY**
1.4	Take a medical and psychosocial history.	S	2b (2)
1.5	Synthesize information from a patient's chart, nursing history, observations to determine patient needs.	OS	3a
1.6	Include patient and family in planning care.	OS	3a
1.7	Set goals for immediate care.	OS	3a
1.8	Set goals for long range care.	OS	3a
1.9	Identify socioeconomic, religious and cultural influences on patient's perceptions of his/her illness.	OS	3b
1.10	Identify the meaning of the hospitalization to the patient and family.	OS	3a
1.11	Utilize the meaning of the illness and hospitalization to the patient and family in formulating a plan of care.	S	2b (3)
1.12	Develop a plan of care using the nursing process.	SS	1a
1.13	Determine the member of the health team best able to meet the needs of the patient.	OS	3b

* SS refers to statistically significant at .05 level or less.
S refers to statistical significance at the .06 to .11 level or at the .05 level or less with moderate but questionable variance between the groups.
OS refers to no statistical significance at the .05 level or less and does not fit within the near significant level (S).

** refers to taxonomy used in describing statistical results.

General Remarks

Between group differences showed in less than half of the categories; only two items yielded differences at or beyond the .05 level. These items, however, have no practical meaning because the majority of the survey respondents identified them as competencies of both practitioners. For this category, it seems clear, that majority of the respondents perceive these types of competencies to be required of both associate and baccalaureate degree faculty.

CARRYING OUT PATIENT CARE

Table 5

Survey of 2.0 Carrying Out Patient Care

ITEM		LEVEL OF SIGNIFICANCE*	CATEGORY**
2.1	Utilize communication skills to interact constructively within the institutional setting with patients, families and other personnel.	OS	3a
2.2	Utilize communication skills to interact constructively in community health agencies.	S	2b (2)
2.3	Apply scientific principles when carrying out nursing care.	OS	3a
2.4	Prepare and care for patients undergoing diagnostic tests.	OS	3a
2.5	Carry out complete nursing care in primary health care facilities.	SS	1b (2)
2.6	Carry out complete nursing care in secondary health care facilities.	OS	3a

Table 5 (continued)

ITEM		LEVEL OF SIGNIFICANCE*	CATEGORY**
2.7	Carry out complete nursing care in tertiary health care facilities.	OS	3b
2.8	Carry out complete nursing care in extended health care facilities i.e. nursing homes.	SS	1a
2.9	Adapt nursing skills to meet the needs of patients of different developmental age groups.	OS	3a
2.10	Utilize diversional activities based on health and developmental needs.	SS	1b (3)
2.11	Recognize the need to refer patients to other health team members and/or agencies.	S	2b (3)
2.12	Refer patients and/or families to other health team members and/or agencies.	SS	1b (2)
2.13	Demonstrate competence in basic nursing skills.	OS	3a
2.14	Assume responsibility for starting intravenous infusions with an intracath.	SS	1b (1)
2.15	Assume responsibility for keeping an open airway by intubating when necessary.	OS	3b
2.16	Assume responsibility for starting blood transfusions.	SS	1b (1)
2.17	Assume responsibility for promoting rehabilitation activities.	S	2b (2)
2.18	Assume responsibility for reading EKG strips.	OS	3b
2.19	Assume responsibility for taking independent action based on assessment of patient needs.	S	2b (3)
2.20	Plan and direct patient activities.	OS	3a

Table 5 (continued)

ITEM		LEVEL OF SIGNIFICANCE*	CATEGORY**
2.21	Function appropriately in disaster situations.	OS	3a
2.22	Function appropriately in emergency situations.	OS	3a
2.23	Assume responsibility for giving total care to four to six patients.	OS	3a
2.24	Assume responsibility for supervising the care of eight to twelve patients.	SS	1b (1)
2.25	Assume responsibility for meeting the psychosocial needs of patients.	SS	1b (3)
2.26	Recognize changes in patient status and intervene appropriately.	OS	3a
2.27	Recognize and intervene in situations that may be life threatening to a patient.	S	2a
2.28	Recognize and intervene when patients exhibit deviations from normal behavior.	S	2b (3)
2.29	Recognize the limitations of nursing intervention imposed by educational background and/or lack of on-the-job training.	OS	3a

* SS refers to statistically significant at .05 level or less.
S refers to statistical significance at the .06 to .11 level or at the .05 level or less with moderate but questionable variance between the groups.
OS refers to no statistical significance at the .05 level or less and does not fit within the near significant level (S).

** refers to taxonomy used in describing statistical results.

General Remarks

Between group differences showed in less than half of the items in this category. Eight items yielded differences at or beyond the .05 level, while seven items showed evidence of marginal statistical significance, with questionable variance between the groups. Ten items in this category showed within group differences.

Baccalaureate faculty identified items 2.2, 2.5, 2.7, 2.12 and 2.19 as baccalaureate competencies. These refer to community health care, intensive nursing care and independent nursing action which were identified in the literature as complex behavior and not expected of the technical nurse. One associate degree faculty survey respondent commented that the community expects all of the competencies of their graduates and they therefore attempt to include in their curriculum what the employer sees as nursing functions. The nursing service responses to those same items, however, show a considerable amount of within group disagreement in regard to the assignment of the competency. It seems possible that the dicotomy of competency expectation between educator and consumer might respond to articulation since there is evidence of within group disagreement in all three of the survey groups.

Items 2.14, 2.15, 2.16 and 2.18 all refer to specific "complex" nursing tasks or skills. The literature review indicated that professional nurses or baccalaureate graduates are capable of carrying out "complex" nursing activities while technical nurses or associate

degree graduates are capable of performing "usual" nursing activities. The survey respondents had most difficulty in selecting the practitioner responsible for these behaviors. Their comments reflected the need for post-graduate or on-the-job training. These items should be examined for appropriateness if the study is replicated.

For this category, it seems clear that the majority of the respondents perceive these types of competencies to be required of both levels of practitioner.

TEACHING AND GUIDANCE

Table 6

Survey of 3.0 Teaching and Guidance

ITEM		LEVEL OF SIGNIFICANCE*	CATEGORY**
3.1	Understand the principles of patient and family teaching.	SS	1b (2)
3.2	Understand the principles of teaching other health team members.	SS	1b (2)
3.3	Utilize the principles of teaching when communicating institutional philosophy and regulation to patients, families, and staff.	SS	1b (2)
3.4	Utilize the principles of teaching when communicating, to patients and families, information relative to current illness.	S	2b (2)
3.5	Utilize the principles of teaching when communicating to patients and families information relative to convalescence and the promotion of health.	SS	1b (2)

Table 6 (continued)

ITEM		LEVEL OF SIGNIFICANCE*	CATEGORY**
3.6	Assume responsibility for team conferences relative to medical information, nursing procedures or special techniques.	S	2b (1)
3.7	Assume responsibility for nursing care conferences with team members.	SS	1b (2)
3.8	Participate in nursing care and team conferences.	OS	3a
3.9	Assume responsibility for teaching individual patients or small groups of patients, about their health needs.	OS	3b
3.10	Assume responsibility for teaching patient floor conferences or clinic conferences.	OS	3b
3.11	Assume responsibility for directing nursing personnel regarding their role in meeting individual patient needs.	OS	3b
3.12	Assume responsibility for supervising the activities of daily living for four to six patients.	OS	3a
3.13	Assume responsibility for supervising the activities of daily living for six to fifteen patients.	SS	1b (3)

* SS refers to statistically significant at .05 level or less.
S refers to statistical significance at the .06 to .11 level or at the .05 level or less with moderate but questionable variance between the groups.
OS refers to no statistical significance at the .05 level or less and does not fit within the near significant level (S).

** refers to taxonomy used in describing statistical results.

General Remarks

All items in this category except 3.1, 3.8 and 3.12 showed evidence of within group variance. This particular area, teaching and guidance, is a basic and important nursing function.

Items 3.1 through 3.7 and 3.13 (61%) showed statistical or marginal statistical significance. These items dealth with both client and nurse teaching and guidance further validating the between group as well as within group differences. There was, however, no pattern of alligmment between groups on all of the items. These consistent between and within group differences seem to indicate a rejection of the null hypothesis and a need for further study of this particular category in order to ascertain if the items as written were clear. It is recommended that this category be included in any study replication.

EVALUATION

Table 7

Survey of 4.0 Evaluation

ITEM		LEVEL OF SIGNIFICANCE*	CATEGORY**
4.1	Evaluate the effectiveness of personal participation in patient care.	OS	3a
4.2	Identify personal strengths and weaknesses in the delivery of health care.	OS	3a
4.3	Set personal goals and strategies to increase effectiveness in the delivery of nursing care.	OS	3a

Table 7 (continued)

ITEM		LEVEL OF SIGNIFICANCE*	CATEGORY**
4.4	Assume responsibility for seeking assistance from team leader, charge nurse or other appropriate person(s) to clarify role or technique.	OS	3a
4.5	Assume responsibility for evaluating self as team participant.	OS	3a
4.6	Assume responsibility for evaluating self as team leader.	OS	3b
4.7	Assume responsibility for getting feedback from patients, nursing team members and nursing administrators regarding effectiveness.	OS	3b

* SS refers to statistically significant at .05 level or less.
S refers to statistical significance at the .06 to .11 level or at the .05 level or less with moderate but questionable variance between the groups.
OS refers to no statistical significance at the .05 level or less and does not fit within the near significant level (S).

** refers to taxonomy used in describing statistical results.

General Remarks

Items 4.1 through 4.5 showed no statistical significance between groups and eighty percent (80%) or more of the survey respondents in each group assigned the competency to both practitioners. Items 4.6 and 4.7 although statistically non-significant with regard to between group perceptions gave evidence of good variance in regard to within group perceptions. These two competencies reflected the ability of

the practitioner to perform in the role of nursing team leader. Nursing leaders as described in the review of the literature, saw this type of activity as baccalaureate only. The educators and nursing service administrators represented in the survey did not particularly seem as sure of the practitioner's assignment as the "experts". This uncertainty gives credence to the difficulty in role description as described in the literature, rejecting the null hypothesis.

SUPERVISION/MANAGEMENT

Table 8

Survey of 5.0 Supervision/Management

ITEM		LEVEL OF SIGNIFICANCE*	CATEGORY**
5.1	Analyze nursing care requirements in order to develop a criteria for staffing.	SS	1a
5.2	Assign patients to appropriate nursing team personnel.	OS	3b
5.3	Supervise and evaluate the effectiveness of nursing team members.	SS	1b (3)
5.4	Initiate services or referrals for patients.	S	2b (1)
5.5	Direct personnel and activities of a team caring for eight to twelve patients.	S	2b (3)
5.6	Direct personnel and activities of a team caring for twelve to twenty patients.	S	2b (1)

* SS refers to statistically significant at .05 level or less.

S refers to statistical significance at the .06 to .11 level or at the .05 level or less with moderate but questionable variance between the groups.

OS refers to no statistical significance at the .05 level or less and does not fit within the near significant level (S).

** refers to taxonomy used in describing statistical results.

General Remarks

All items in this category gave evidence of considerable within group variance. Only item 5.2 showed statistical non-significance in regard to between group perceptions. That item, however, did give evidence of nursing service administrators assigning the competency differently than both faculty groups.

The literature supports items 5.1, 5.2, 5.3, 5.4, and 5.6 as baccalaureate competencies. Both faculty groups, although there were within group differences, reflect this opinion. The nursing service group, more often, saw these competencies as responsibilities of both practitioners. This again reflects the dichotomy, referred to in the literature, between nursing faculty and nursing service administrators in regard to the differences in the expectations of each level of graduate.

These differences cause the null hypothesis to be rejected for the items in this category.

PROFESSIONALISM

Table 9

Survey of 6.0 Professionalism

ITEM		LEVEL OF SIGNIFICANCE*	CATEGORY**
6.1	Assume responsibility for updating theory and techniques relative to job description.	OS	3b
6.2	Practice within the framework of professional, legal, ethical and organizational responsibility.	OS	3a
6.3	Suggest constructive changes in the health care delivery system.	OS	3a
6.4	Assist in bringing about positive changes in the health care delivery system within an individual institution.	OS	3a
6.5	Utilize appropriate institutional and legal processes to bring about positive changes in the health care delivery system within a community or on a national level.	OS	3b
6.6	Assume the responsibility for the delivery of safe care to patients within the social institutions in which the nurse is practicing.	OS	3a
6.7	Recognize the need to belong to the American Nurses Association.	OS	3a
6.8	Recognize the importance of taking an active role in the American Nurses Association.	OS	3a
6.9	Assume a peer relationship with other members of the health team.	OS	3a

* SS refers to statistically significant at .05 level or less.
S refers to statistical significance at the .06 to .11 level or at the .05 level or less with moderate but questionable variance between the groups.
OS refers to no statistical significance at the .05 level or less and does not fit within the near significant level (S).

** refers to taxonomy used in describing statistical results.

General Remarks

There was statistically no significance in between group means for any of the items in this category. This does not mean, however, that all groups perceived the assignment of the competency in the same way, nor was there agreement within the groups.

Items 6.2, 6.6, 6.7, 6.8 and 6.9 were assigned by eighty percent (80%) or more of each survey group to both practitioners. Items 6.3 and 6.4 gave evidence of the same mean, by survey group, for each of the items. This may indicate that the respondents did not see any differences in the two competencies. If the study is replicated it is suggested that these two items be carefully scrutinized for differences before using them both again.

Item 6.5 was perceived by seventy-five percent (75%) of the baccalaureate faculty to be a baccalaureate graduate competency. Nursing service administrators and associate degree faculty were divided within the groups, about half perceiving the competency as a baccalaureate behavior and half perceiving it as a behavior expected of both practitioners.

Summary

Seventy-one percent (71%) of the total survey population responded to the questionnaire. The demographic data revealed that the of educational background to be baccalaureate level for the nursing service administrators and masters' level for both the associate and baccalaureate degree faculty. The range for years of nursing experience was sixteen to twenty years for the nursing service administration group and eleven to fifteen years for both faculty groups. It was not within the constraints of this study to examine whether or not these variables had any effect on the results of this study. It is suggested, however, that this data should be studied with a larger population if the inquiry is replicated.

Based on the data, it is clear that the three groups of survey respondents do not differ greatly in their perceptions of the nursing competencies expected by baccalaureate graduates only versus those expected of both baccalaureate and associate degree graduates: only eighteen (23%) of the seventy-seven items yielded group differences significant at the .05 level. Fourteen of the remaining items bordered on statistical significance.

Slightly over one half of the competencies gave little or no evidence of differences in perceptions between the groups. Further, differences for several of the significant and nearly significant items were, in a practical sense, meaningless in that eighty percent (80%) or more of all respondents and seventy percent (70%) or more of the "different" groups answered in the same way.

The perceptions of competencies as a requirement for both

baccalaureate and associate degree graduates tend to be concentrated in four categories: 1) preparation for patient care, sixty-five percent (65%) of the competencies; 2) carrying out patient care, sixty-two percent (62%) of the competencies; 3) evaluation, seventy percent (70%) of the competencies; and 4) professionalism, seventy-nine percent (79%) of the competencies. Only in two areas, teaching and guidance and supervision/management does there appear to be an appreciable lack of consensus among the respondents.

As a general overview it seems reasonable to conclude that, so far as the competencies described in this study are concerned, there is a general consensus among the respondents on almost sixty percent (60%) of the competencies.

CHAPTER 5

DISCUSSION, IMPLICATIONS AND RECOMMENDATIONS

DISCUSSION

This inquiry attempted to determine the perceptions of educators and employers regarding the terminal competencies expected of technical and professional nursing graduates. It was also necessary to consider the implications of the findings on nursing education, employment policies and on future study. The conclusions of this study can be generalized only to South Florida, however, the results imply suggestions for replication with a larger and more geographically diffused population.

The survey respondents appeared to view most competencies as requirements of both associate and baccalaureate degree graduates. Since the sample was small compared to the total national population of nursing faculty and nursing employers it is necessary, prior to generalizing to the country, to complete a more representative study. Should the results of this inquiry be replicated nationally, much in-service education and articulation would be indicated prior to changes in testing, curriculum, employment and nurse practice acts.

BETWEEN GROUP DIFFERENCES

The differences in responses between the associate and bacca-

laureate degree faculty and nursing service administrator groups supported the literature (Rotkovitch, 1973, Sheehan, 1972, and Montag, 1951) which suggested that neither nursing faculties or employers distinguish clearly between the roles and functions of the two collegiate levels of nurse practitioners.

The alliances of the groups did not remain constant within any of the general categories or in regard to any specific type of competency. That is, associate degree faculty did not consistently align themselves with either nursing service administrators or baccalaureate faculty, nor did either of the other groups consistently align themselves for any of the general nursing categories or type of individual competence. The data did not identify specific general nursing categories in which two groups agreed on practitioner assignment and the third group disagreed.

The educator, employer and graduate confronted with this lack of clear definition of expectation will continue to have difficulty in clearly stating the goals and purposes of each of the educational programs and the roles and functions of each practitioner. Kramer has discussed the anxieties this causes the graduate who has to deal with many conflicting philosophies while trying to identify what nursing is. Lambertsen, Forrest, Lysaught and others reassert the need to clarify differences and similarities in roles and functions.

This study did not support Blakeney's contention that professional nursing is able to adequately define its role. The data also confirms the inability of associate degree faculty and employers to differentiate between the levels of technical nurse functions and those of the professional nurse.

Comments made by survey respondents validated some of the reasons that perceptual differences were present, for example: (1) a member of an associate degree faculty stated that the community expects the technical nurse to perform all nursing functions and that the faculty attempts to meet that need in their curriculum; (2) another educator stated that principles of teaching are not taught to students so that they cannot possibly use those skills, while other faculty and nursing service administrators indicated the need for both groups of practitioners to have patient teaching skills; (3) several nursing service administrators suggested the addition to curriculum of skills such as the ability to function in the operating room, a role which has been delegated to specially trained para professionals.

The dichotomy described in the literature was evident throughout the study. This dicotomy, however, was not isolated to between group perceptions alone but was also evident in within group differences. The inconsistent educational programming and lack of differences in job descriptions reported in the literature were supported by the differences in both the between group and within group perceptions of roles and functions.

Within Group Differences

The within group differences were extremely significant because of the frequency with which they appeared in the data. These differences occurred in each of the general categories and in the "simple" and "complex" nursing functions.

The information elicited from educators and employers supported the ambiguous and uncertain state of nursing education and practice.

This reinforced the need for nursing to come to terms with the conflicting ideas concerning the definition of levels of nursing practice. Educational experiences must be developed to reflect the baccalaureate leveo of nursing practice alluded to for the past fifty plus years.

Implications of Differences

The idea of two distinct levels of nursing practice has brought many changes in nursing and education. Junior and community college nursing programs have provided access to higher education for men and women of all ages and of all socioeconomic groups. Many of these individuals had previously been denied the opportunity to a higher education. This opportunity, resulting in an increase in graduate nurses, has created a situation in which education and employment policies have grown and developed without clear definition of role or practice.

Nurse practice acts, legislation and the changes in the health care delivery system make it essential that educators and employers, together, come to agreement concerning the functions of the graduates of each program. This study has shown that the problem remains unsolved.

The between group differences in behavioral expectations of graduates of the two nursing programs has clearly indicated that neither educator or employer have clear perceptions of what makes each practitioner different. Definitions become even more difficult when members of each group have difficulty in reaching an agreement concerning the competencies expected of their own graduates. When faculty teaching in the same program disagree about the components of their curriculum, students are hard pressed to know what is expected of them. Curriculum

cannot be developed so that course builds upon course, skill upon skill, behavior upon behavior. Conceptual framework, philosophy, terminal objectives change with each instructor. Often what is stated in the catalogue about the objectives of a course or program remains there alone. It is rarely found in the classroom. Each faculty person emphasizes what is important to their identification of appropriate performance in relation to their area of expertise. Ideas concerning the needs of the community often go invalidated and nursing research is rarely used. The controversy surrounding nursing function can only continue to grow under these circumstances.

Suggestions before state legislatures for nurse practice acts identifying two levels of nursing practice, The Houston resolution, the Florida licensure examination suggestion all remain premature prior to a clarification of those skills that are common to both levels of practitioner and those which are expected of baccalaureate graduates only.

Identification of Competencies Appropriate to Baccalaureate Graduates Only

One of the major patterns to emerge from this study was the tendency for many items to be selected as appropriate for both levels of practitioner. The survey respondents did, however, indicate one category in which most items were identified by all groups as possible expectations of the professional nurse rather than that of the technical nurse. Those items were primarily found under the general category of 5.0 Supervision/Management. This is consistent with the literature. Only one item in this category gave evidence of a .80 or more mean of the perceptions of the three survey groups, however, the other

five items also showed a strong tendency to fall into the area of baccalaureate competency. Isolated items in other categories such as 3.0 Teaching and Guidance and 4.0 Evaluation also showed similar tendencies. It is suggested that these items be utilized with a larger population if the study is replicated.

Summary

This study asked that a comparison be made among three survey groups regarding their perceptions of the terminal competencies expected of baccalaureate and associate degree nursing graduates. These groups were associate and baccalaureate degree nursing faculty and nursing service administrators. The three groups showed many perceptual differences between and within the groups. While these may in fact be true differences, that is to say, differences other than zero in the perceptions of the three survey groups involved in the study it is generally unlikely that these differences would be large and still fall into the clearly non-significant groups. This would in turn suggest that, to the extent that the current sample is reasonably representative of the general trends that might be found in other locations, there is probably little reason to believe that there is a true and meaningful difference in perceptions for those items for which no statistical significance was found.

These items may, however, be grouped into at least two broad categories: 1) those for which there was an apparent degree of consensus both within and between groups; and 2) those for which there was considerable difference within groups but very little difference between groups.

Recommendations

The following recommendations were made from the results of the data and the conclusions drawn. Replication of the study is indicated with a larger population and over a wider geographic area. Revalidation of the within and between differences in the perceptions of the survey groups would produce strong enough evidence to cause nurse activist groups to reorder their priorities. Instead of working for state legislatures to mandate two levels of nursing practice, it would seem more reasonable to expect these groups to work first at clarifying the similarities and differences between the professional and technical nurse.

The position taken by some educators regarding two nationa. test-pool licensing examinations would also have to take second place to identifying what is to be tested. This identification would have to be agreed on nationally, since the same licensure examinations are given in all fifty states. It would appear that the American Nurses Association, setting standards and qualifications and the National League for Nursing, the official accrediting agency and provider of the examinations could act as clearing houses for groups working on the problem.

It is also essential that faculty groups carefully examine those items, in the survey instrument, that indicated within group differences. This problem, if left unresolved, will continue to cause confusion in students and graduates. The student, bombarded with various faculty feelings and beliefs concerning appropriate nursing behaviors has difficulty in defining a role. Faculty verbally and non-verbally communicate personal standards and expectations of terminal behavior. When faculty members disagree the student is left without a

role model. The new graduate is expected to exhibit nursing behaviors and make nursing decisions without a strong philosophical base on which to draw.

There is evidence in the literature of nursing research and nursing community activity in regard to the definition of nursing behaviors. Faculty and employers must become more active in their participation or in originating such research. It has long been evident that the nursing community does not utilize research already done. Professionalism can only be reached when all members of the profession are aware of and utilize meaningful nursing research.

Because of the between group perceptual differences it seems clear that faculty groups and employer groups have a need to share information, expectations, needs and philosophies. There are many ways in which this can be accomplished; through participation on advisory committees; program and curriculum development committees; and as members of committees working to develop role and job descriptions within the health care delivery systems. A sharing of concerns without recrimination or blame can do much to bring all groups interested in the health of the community closer to a common philosophy. These meetings, to be effective, should be held on a regular basis and not used only for crisis intervention.

As modern nursing changes with the changes in society the increasing complexity of the role mandates that educators and employers together move nursing education and practice not in tune with the times, but ready for the future.

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APPENDIXES

APPENDIX A

CHARACTERISTICS OF ASSOCIATE DEGREE EDUCATION IN NURSING

Associate degree education in nursing is a well-established part of the system of higher education in the United States. Three-fourths of the programs are located in community or junior colleges and one-fourth are in senior colleges or universities. Associate degree nursing education provides both liberal and technical education for an individual who will contribute to the provision of nursing services needed by society.

An associate degree program in nursing is flexible and progressive, meets the changing needs of society, and is based on sound education methods and a humanistic approach.

Characteristics of Associate Degree Programs in Nursing

1. The unit in nursing is an integral part of the parent institution and is structured, controlled, and financed as is any other unit of the institution.
2. Faculty members in the unit in nursing have the same privileges and responsibilities as other faculty of the institution. They are responsible for development, implementation, and evaluation of the program of learning.
3. The program of learning is usually organized for completion within a two-year period. It is based on a clearly stated rationale and a conceptual framework which are derived from its philosophy and objectives. The program of learning meets the requirements of the

parent institution for granting an associate degree and of the state licensing agency for eligibility to write the State Board Test Pool Examination.

4. Students meet the requirements of the institution and its nursing program for admission, continuation of study, and graduation. They share in the responsibilities and the privileges of the total student body.

The graduates of associate degree programs, given the opportunity to develop their potential, are prepared to:

1. participate with other members of the health team in rendering care to individuals.
2. use principles from an ever-expanding body of knowledge.
3. assess the individual's nursing needs.
4. plan day-to-day care of individuals.
5. select appropriate nursing measures with knowledge and precision.
6. implement measures to alleviate distress.
7. perform nursing and other therapeutic measures with a high degree of skill.
8. evaluate the individual's reaction to therapy.
9. supervise other workers in the technical aspects of care.[1]

[1]Criteria for the Evaluation of Educational Programs in Nursing Leading to an Associate Degree, 3rd ed. New York: National League for Nursing, 1973: 11.

Because career goals may change or often a student is unable to attain his ultimate goal without interruption, associate degree programs accept applicants with varying educational backgrounds and experiences by giving recognition to proficiencies already acquired. Also, if an associate degree graduate wishes to pursue his education further, he is provided an opportunity to validate his education and experience.

APPENDIX B

TASK FORCE REPORT ON LICENSING

We believe the current system of licensing for practice in the field of nursing should be retained. Graduates of Baccalaureate, Associate Degree, and Diploma programs are eligible for the Registered Nurse licensing examination and graduates of practical and vocational programs are eligible for the Practical Nurse licensing examination. Licensing examinations are designed to measure a minimal level of competency. Within the evaluation systems used to monitor quality in health care personnel, the mechanism of certification is available for further differentiation between levels of achievement and competence.

The Registered Nurse licensing examination is nearly 75 years old; graduates of associate degree programs have taken and passed the licensing examination for registered nursing each year since 1954. The attached graphs and table show growth of programs, the numbers of Associate Degree graduates eligible for the State Board Test Pool Examination as compared to all graduates, and the success rate of Associate Degree graduates at first writing of the examination. These data clearly and irrefutably support the fact that Associate Degree graduates are successful in passing the examination and comprise a large component of the registered nurse population.

Planned, developed, and studied systematically, the associate degree curriculum has since inception had as its express purpose preparation of a graduate who carries out those functions commonly associated with the registered nurse. Both Montag and Matheney, drawing from generalized models of occupational roles, describe functions of the registered

nurse as falling in a middle range between job categories more circumscribed on one hand and more expansive on the other.[1] The great amount of patient care administered by nurses falls within this middle range. Associate degree and diploma graduates, comprising 80.5% of the work force employed in nursing, assume those middle-range responsibilities in hospitals and other health agencies.[2]

Extensive studies of the success with which associate degree graduates have met the work world's expectations of registered nurse competence were conducted for the first 15 years of the program's existence. It should be noted that in a number of instances these studies expressly asked, "Do Associate Degree Nursing graduates fit the registered nurse role as well as graduates of other programs?"

Whether national, regional, or state-wide in scope, evaluations of the work-world success of associate degree graduates have consistently revealed that they are employed as R.N.'s, are judged successful by those

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[1]Ruth V. Matheney, "Technical Nursing: A Definition," in Technical Nursing Dimensions and Dynamics, (Philadelphia, F.A. Davis Company, 1972), pp. 18-20.

Mildred L. Montag, The Education of Nursing Technicians (New York: John Wiley and Sons, Inc., 1951) pp. 5-6.

[2]Facts About Nursing 72-73 (Kansas City: American Nurses Association, 1974), p. 10.

with whom they work, and remain in the work force.[3]

"Registered Nurse," though strictly speaking a legal term designating the licensee, has in fact wide use. In education, practice, federal funding, manpower statistics, State Board jurisdictions, and in the image of the public there is a common currency of meaning built around the concept of "Registered Nurse." Clearly, a fit exists between the Associate Degree program and the cluster of images, classifications, privileges, and responsibilities associated with the concept of the registered nurse. For the past 25 years, the associate degree graduate has been and is a registered nurse.

The knowledge and skill required in nursing practice change as science and technology advance. Educational programs must continually maintain currency and relevance. Upgrading of personnel to improve

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[3]Bernice E. Anderson, Nursing Education in Community Junior Colleges (Philadelphia: J. B. Lippincott Company, 1966), pp. 105-106; 168-171; 227-228.

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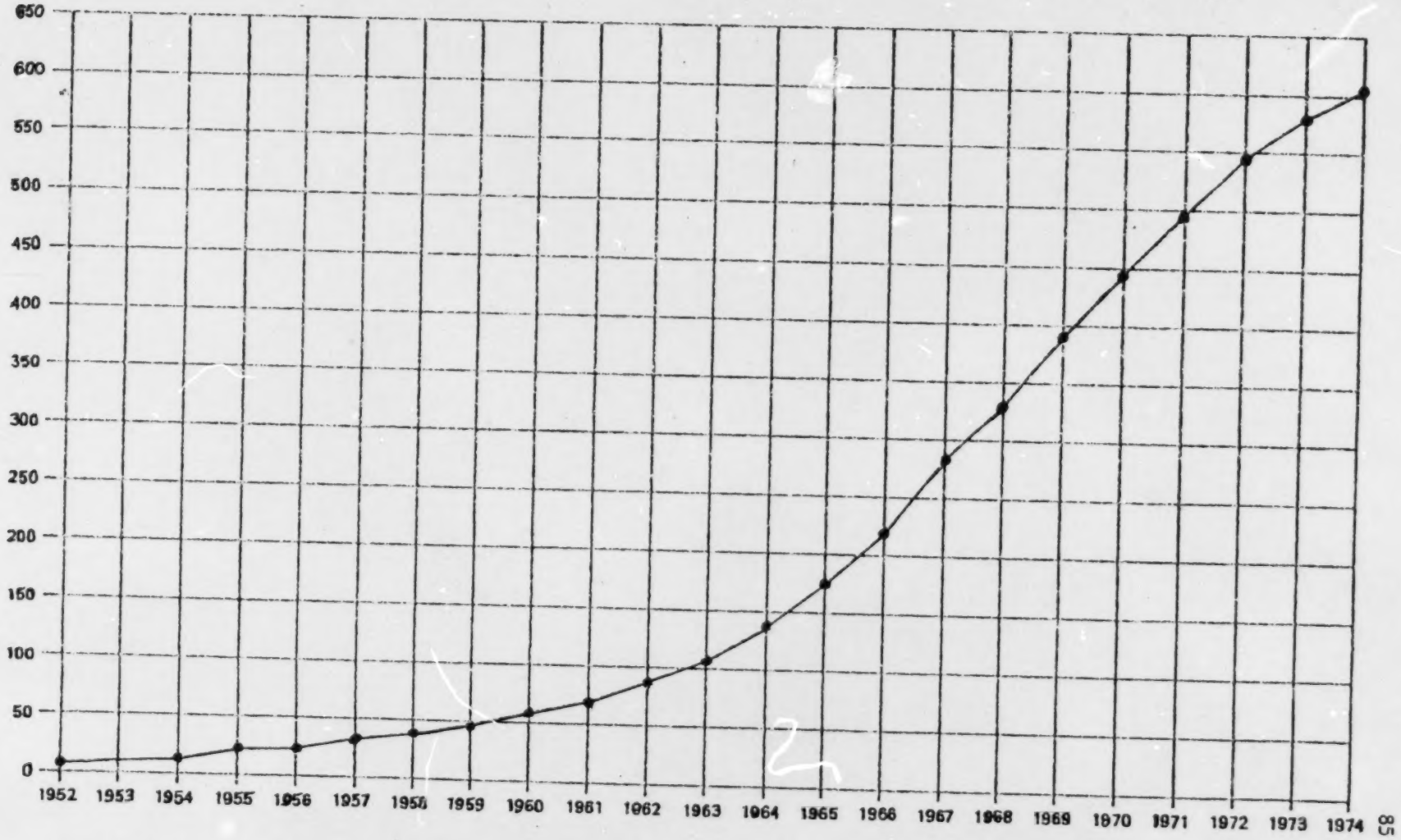
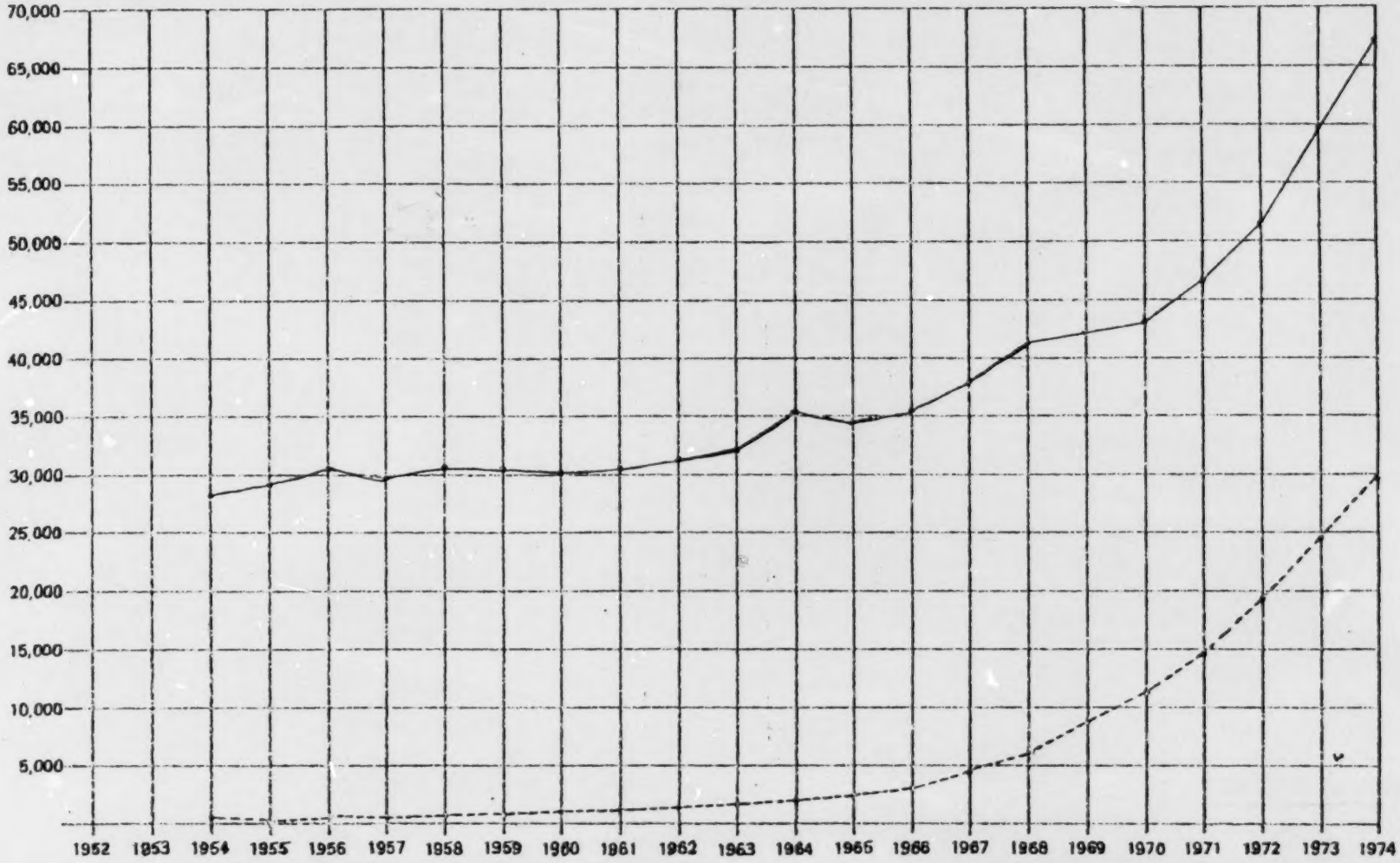
GROWTH PATTERN
ASSOCIATE DEGREE PROGRAMS
1952-1974



Source: *State Approved Schools of Nursing—R.N.* (New York: National League for Nursing).

85

NUMBERS OF GRADUATES FROM ALL R.N. PROGRAMS
COMPARED WITH
NUMBERS OF GRADUATES FROM ALL A.D. PROGRAMS
1954-1974



86

_____ Graduates from all R.N. programs

- - - - - - Graduates from A.D. programs

Source: *State Approved Schools of Nursing–R.N.* (New York: National League for Nursing).

TOTAL NUMBER OF A.D. PROGRAMS, TOTAL NUMBER OF GRADUATES FROM ALL A.D. PROGRAMS, TOTAL NUMBER OF GRADUATES FROM ALL R.N. PROGRAMS, AND SBTPE RESULTS FOR A.D. GRADUATES

YEAR	TOTAL NUMBER A.D. PROGRAMS	TOTAL NUMBER GRADUATES FROM ALL RN PROGRAMS	GRADUATES FROM A.D. PROGRAMS		SBTPE RESULTS*	
			NUMBER	PERCENT OF TOTAL	NUMBER AD GRADUATES TAKING TESTS FOR FIRST TIME	PASS RATES FOR AD GRADUATES
1952	8	–	–	–	–	–
1953	–	–	–	–	–	–
1954	11	28,539	344	1.2	–	–
1955	19	28,729	199	0.7	–	–
1956	20	30,226	252	0.8	–	–
1957	28	29,933	276	0.9	–	–
1958	38	30,410	425	1.4	–	–
1959	48	30,312	462	1.5	–	–
1960	57	30,113	789	2.5	–	–
1961	69	30,267	917	3.0	DATA NOT AVAILABLE	
1962	84	31,188	1,159	3.7	–	–
1963	105	32,398	1,479	4.6	–	–
1964	130	35,259	1,962	5.6	–	–
1965	174	34,886	2,510	7.2	–	–
1966	218	35,125	3,349	9.5	–	–
1967	281	38,287	4,654	12.2	–	–
1968	330	41,555	6,213	14.9	4,729	74%
1969	390	42,1[illegible]	[illegible]1	20.6	5,996	72%
1970	444	43,[illegible]	[illegible]4	26.8	8,300	74%
1971	491	47,09[illegible]	14,754	31.4	11,575	76%
1972	542	51,784	19,165	37.0	15,012	77%
1973	577	59,427	24,850	41.8	19,876	78%
1974	604	67,628	29,299	43.8	25,057	81%

*Pass rates are based on those A.D. graduates who met or exceeded a standard score of 350 on the State Board Test Pool Examination.

*Source: *Educational Preparation for Practical and Professional Nursing* (Albany: New York State) 1971, 1972, 1973, 1974.

Source for numbers of programs and numbers of graduates: *State-Approved Schools of Nursing—R.N.* (New York: National League for Nursing).

APPENDIX C

THE NEW YORK STATE NURSES ASSOCIATION

Proposal Re: Implementation of Resolution on Entry Into Professional Practice through Revision of Article 139, Nursing, Title VIII, Education Law

INTRODUCTION

In light of statutory implications of the Resolution on Entry Into Professional Practice (adopted by the voting body of The New York State Nurses Association in October 1974) the Board of Directors, at its March 1975 meeting, reactivated the Special Committee to Study the Nurse Practice Act. The Committee was charged with the responsibility of developing a proposal, for presentation at the May 29-31, 1975 Hyatt House Conference, for implementation of the resolution through revision of Article 139, Nursing, Title VIII, Education Law.

The Special Committee to Study the Nurse Practice Act met on May 12 and May 23, 1975.

PROPOSAL

I. CONCEPTS

The Committee proposes that Article 139, Nursing, Title VIII, Education Law, New York State, be revised to reflect these concepts:

1. A clear delineation of the practice of nursing and of practical nursing.

RATIONALE: It has long been recognized that nursing practice is a professional endeavor. Similarly it has

been recognized that basic to the effective organization and optimum delivery of nursing care services are sufficient numbers of qualified professional practitioners of nursing and qualified supportive nursing personnel. The profession has accepted the premise that the public interest requires that personnel responsible for the design, implementation and evaluation of nursing care be individually licensed. Therefore, the Committee recommends that the present statutory delineation of the practice of professional nursing and practical nursing be continued.

2. Distinct definitions of the nature and scope of practice as a nurse and as a practical nurse.

RATIONALE: The definition of the nature and scope of practice as a nurse must:

a) Clearly delineate the independence of the nursing function, i.e., the ability of the nursing practitioner to function autonomously rather than under the direction of the physician;

b) Clearly delineate the nursing process;

c) Specify the distinctive areas in which the nurse has traditionally exercised - and has been expected to exercise - independent judgment;

d) Provide a legal framework within which the nursing profession may continue to broaden its scope in relation to scientific and sociological changes.

The definition of the nature and scope of practice

as a practical nurse must:

a) Specify the scope of responsibility of the practical nurse;

b) Specify the responsibility of the profession of nursing for delegation of appropriate activities to the practical nurse;

c) Protect the practical nurse, legally responsible for his or her own individual acts, by clarifying the framework within which he or she is expected to practice.

3. Distinct titles for authorized practitioners of nursing and of practical nursing.

RATIONALE: In the Committee's judgment, titles for authorized practitioners of nursing and practical nursing must:

a) Clarify the primary nature or essence of nursing by focusing on the single word NURSE to designate that individual who holds a license to practice the profession of nursing:

b) Provide greater protection for the titles of nurse and practical nurse by prohibiting use of these titles by persons who have not fulfilled licensure requirements;

c) Eliminate superfluous and redundant adjectives -

1) "registered" - serves only to indicate that the name of the nurse who holds a professional license in nursing is listed or "registered" in a total listing of such license

holders. (It should be noted that the titles of other health professionals are "clean", i.e., the physician's title is simply "physician;" the dentist's, "dentist.").

2) "Professional" - is unnecessary if there is acceptance of a distinct profession of nursing. The single title "Nurse" would designate that the individual holds a license to practice the profession of nursing. Therefore, the title "professional nurse" would appear redundant, as would, for example, the title "professional physician" or "professional dentist".

d) Eliminate redundant adjectives from the title of the practical nurse.

4. Educational preparation required for nursing and for practical nursing.

RATIONALE: It has long been recognized that, as a professional endeavor, nursing practice must be based upon a minimum of baccalaureate education. It is necessary now to resolve the persistent confusion created by the existence of multiple kinds of basic nursing education programs leading to licensure as a "registered "Professional nurse." It is also necessary to ensure that educational preparation for practical nursing be commensurate with the knowledge and skills required for implementation of specified legal responsibilities.

The complexity of health care needs and growing public disillusionment with the quality of services rendered mandate strenuous efforts by the profession to ensure preparation of qualified nurses and practice nurses.

5. Protection of individuals currently licensed as "registered professional nurses" and "licensed practical nurses".

RATIONALE: In the Committee's judgment, effective implementation of the resolution on entry into professional practice requires transitional mechanisms designed to protect: 1) individuals currently licensed to practice; and 2) the public. Protection of currently licensed individuals must embody respect for their legal, occupational and economic rights. Protection of the public may be achieved through enunciation and maintenance of standards of practice, implementation of appropriate systems of continuing education and systematic peer review activity.

II. TIMETABLE

The Committee proposes this timetable for revision of Article 139, Nursing, Title VIII, Education Law:

1. Introduce Bill in 1976.
2. If signed into law it would be implemented as follows:
   a) Nursing - as of January 1, 1980 any individual seeking licensure as a nurse would be required to enter a baccalaureate program in nursing. Therefore, 1979 would be the last possible year that an applicant for licensure could enter a hospital diploma program or an associate degree program.

b) Practical nursing - as of January 1, 1982 any individual seeking licensure as a practical nurse would be required to enter an associate degree program in practical nursing. Therefore, 1981 would be the last possible year that an applicant for licensure would center an existing practical nursing education program.

3. By 1984 all applicants for licensure as either nurses or practical nurses will have met the new requirements for practice.

III. STATUTORY LANGUAGE

The Committee proposes these changes in Article 139, Nursing, Title VIII, Education Law: (NEW LANGUAGE IS CAPITALIZED).

ARTICLE 139
NURSING

(Changes involved renumbering and new headings).

Section 6900 Introduction

6901 Definition of PRACTICE OF NURSING

6902 PRACTICE OF NURSING and use of title "NURSE"

6903 Requirements for license as a NURSE

6904 Definition of practice of PRACTICAL NURSING

6905 Practice of PRACTICAL NURSING and use of title "PRACTICAL NURSE"

6906 Requirements for a license as a PRACTICAL NURSE

6907 State board for nursing

6908 Limited permits

6909 Exempt persons

6910 Special provisions

6900. Introduction. This article applies to the PROFESSION OF NURSING AND PRACTICAL NURSING. The general provisions for all professions contained in article one hundred thirty of this title apply to this article.

6901. Definitions. (Delete).

6901. Definition of PRACTICE OF NURSING. The practice of the profession of nursing is defined as diagnosing and treating human responses to actual or potential health problems through such services as casefinding, health teaching, health counseling, and provision of care supportive to or restorative of life and well-being.

6902. PRACTICE OF NURSING and use of title "NURSE". Only a person licensed or otherwise authorized under this article shall PRACTICE NURSING or use the title "NURSE".

6903. Requirements for a license as a NURSE. To qualify for a license as a NURSE, an applicant shall fulfill the following requirements:

(2) EDUCATION: HAVE RECEIVED AN EDUCATION, INCLUDING A MINIMUM OF A BACCALAUREATE DEGREE IN NURSING, IN ACCORDANCE WITH THE COMMISSIONER'S REGULATIONS;

6904. Definition of practice of PRACTICAL NURSING. THE PRACTICE OF PRACTICAL NURSING IS DEFINED AS PERFORMING SPECIFIC ACTIVITIES WITHIN THE FRAMEWORK OF CASEFINDING, HEALTH TEACHING, HEALTH COUNSELING, AND PROVISION OF SUPPORTIVE AND RESTORATIVE CARE IN KEEPING WITH THE NURSING REGIMEN ESTABLISHED BY A LICENSED OR OTHERWISE LEGALLY AUTHORIZED NURSE.

6905. PRACTICE OF PRACTICAL NURSING AND USE OF TITLE "PRACTICAL NURSE." Only a person licensed or otherwise legally authorized under

this article shall practice PRACTICAL NURSING or use the title "PRACTICAL NURSE."

6906. Requirements for a license as a PRACTICAL NURSE. To qualify for a license as a PRACTICAL NURSE, an applicant shall fulfill the following requirements:

(2) EDUCATION: HAVE RECEIVED AN EDUCATION INCLUDING AN ASSOCIATE DEGREE IN PRACTICAL NURSING, IN ACCORDANCE WITH THE COMMISSIONER'S REGULATIONS.

APPENDIX D

A. D. COUNCIL OF ASSOCIATE DEGREE PROGRAMS

To: Chairpersons of All Associate Degree Nursing Programs
From: Almeda B. Martin
Chairperson, Council of Associate Degree Programs, and
Chairperson, Executive Committee of CADP
Date: March 26, 1976

The Executive Committee of the Council of Associate Degree Programs feels it is urgent that you be aware of the following resolution that was approved by the Council of Baccalaureate and Higher Degree Programs at its semi-annual meeting held in Houston, Texas, March 17-19, 1976.

"COUNCIL OF BACCALAUREATE AND HIGHER DEGREE PROGRAMS

TITLE: ENTRY INTO PROFESSIONAL NURSING PRACTICE

WHEREAS, All consumers of nursing are entitled to the kind of care reflected in the Characteristics of Baccalaureate Education in Nursing as defined by the Council of Baccalaureate and Higher Degree Programs, and

WHEREAS, It is generally accepted that the first professional degree in nursing is the baccalaureate degree with an upper division major in nursing, and

WHEREAS, The knowledge and skill required to deliver nursing care has increased in depth and complexity and demands a professional education, and

WHEREAS, A concerted effort is being instituted by many states to change the educational requirements for entry into nursing practice, therefore, be it

RESOLVED, That the Council of Baccalaureate and Higher Degree Programs support the concept that by 1985 all candidates for licensure to practice nursing hold a baccalaureate degree with an upper division major in nursing, and be it further

RESOLVED, That the Council of Baccalaureate and Higher Degree Programs request the Board of Directors of the National League for Nursing to actively support this position."

APPENDIX E

NATIONAL LEAGUE FOR NURSING
ten columbus circle
new york, new york 10019
212 - 582-1022

Proposed Position for Licensure by the
Council of A.D.N. Programs

line 1 We believe that the best interests of society would be served
2 by the retention of the present state board test pool examina-
3 tion for licensure as an entry point into the profession of
4 nursing. We further believe that societal health needs today
5 call for additional nurses with knowledge and skills beyond the
6. entry examination for licensure. Therefore we propose, as a
7 premise for study, that an examination be added to the present
8 state board test pool examination to evaluate the knowledge and
9 skills which reflect the depth and breadth of the baccalaureate
10 program in nursing in such areas as leadership/management, com-
11 munity health and clinical nursing.

Draft I October 5, 1976

APPENDIX F

F I N A L D R A F T

ASSOCIATE DEGREE NURSING EDUCATION

ASSUMPTIONS CONCERNING PRACTICE

COMPETENCIES ON ENTRY TO PRACTICE

ENDORSED BY FNA DEANS & DIRECTORS

SEPTEMBER 27, 1976

PREAMBLE

Nursing education programs like those of other professions have moved gradually into the educational system of our country. The Associate Degree Nursing Program was designed for the Community/Junior College and in all instances is found in these educational institutions in the State of Florida. Since we have three educational programs that prepare at the R.N. level, the need exists to clarify the competencies of the graduates between the educators of the product and the employer of the practitioner.

The rapid and dynamic changes in nursing practice will demand clarification of these competencies on a continuous basis, for no one set of statements could ever be final. This implies that the curriculum in these programs is undergoing continuous change. It implies, as well, that educators and nursing service directors have a responsibility to maintain a viable on-going relationship which is mutually beneficial in making available the expertise of each group so that two goals may be reached: the student is educated effectively and the graduate is autilized appropriately. The term "competency" as used in the document is described as the basic understanding of and ability to perform a nursing activity. The level of skill achieved is an outcome of satisfactory performance and evaluation under instructor-supervision in the hospital or health care setting. In selected instances where clinical experience for a particular nursing activity is not readily available, evaluation shall be achieved in a simulated laboratory experience.

This document sets forth concepts of nursing education which have been promulgated by the American Nurses' Association and the National League for Nursing. The organizing framework within which the nursing competencies of the AD graduate are described also accepts the Southern Regional Education Board Nursing Project statement on the kind of nursing care this graduate is prepared to give on entry to practice. The SREB Nursing Project states in its fourth recommendation that "the Associate Degree curriculum should be focused on the preparation of graduates to give secondary care in all settings". The concept of secondary care is described in "A Workbook On The Environments of Nursing: Theoretical Framework Part I", p. 74, (SREB-1974) in the following way:

"The ways health care activities are grouped, or categories of health care, have been defined differently from one health field to another, and confusion has been the result. So that such confusion could be dissipated, the terms primary, secondary, and tertiary care have been carefully defined for the purpose of the curriculum project.

"Primary care has two dimensions. First, the term designates the client's life-long or basic point of contact with the health care system. At the very least, this includes a person's first contact with the system in any given episode of illness. It also includes the individual's long-term enrollment in and continuous interface with the system: the continuous monitoring of his state of health, including not only preventive services, but also the evaluation and management of chronic illness.

"Secondary and tertiary care are more closely associated with and dependent upon the hospital. Both types are usually direct responses to single episodes of ill health; both usually take the form of isolated incidents in a client's life. Secondary care is more routine, more simple, and geographically more widely distributed; health personnel involved in dispensing secondary care are often less highly specialized than those involved in providing tertiary care. Tertiary care, on the other hand, is concerned with rarer, more complex health problems and often takes experimental form. It is in the area of tertiary care that most current clinical research is carried on. Tertiary care facilities are less widely distributed than secondary care facilities and most often are located at a university or research institution."

The graduate of the Associate Degree program is prepared on entry to practice to give secondary care in accordance with this description of the di-

mensions of nursing care activities. Assumptions regarding the practice and the competencies which the new graduate may be expected to demonstrate follow. The new graduate will be understood best when the contents of the document are viewed or conceptualized as a whole.

ASSUMPTION NO. 1

The practice of the Associate Degree Graduate:

a. is directed towards the care of clients who have been identified as being ill or in need of diagnostic evaluations;

b. is directed towards alleviating the problems of clients experiencing acute and chronic illnesses that are common and well-defined and recognizing preventing the secondary complications common to these illnesses; and promoting return to optimal level of wellness;

c. is concerned with individuals but in the context of the family and the community;

d. includes making nursing judgments and understanding the scientific rationale underlying decisions;

e. includes client and family direction and instruction;

f. is based on knowledge that is specific and factual and that can be applied directly to practice.

COMPETENCIES which relate to this assumption:

1. Utilizes the nursing process in giving nursing care:

    takes nursing history
    assesses patient needs
    develops care plan
    implements according to priority needs
    evaluates and documents according to Standards of Care
    modifies plan as needed

2. Uses principles from biophysical and behavioral and clinical sciences to plan and give nursing care, applying concepts of developmental tasks to specific patient situation.

3. Utilizes communication skills to interact constructively with all persons in the clinical setting:

    patients
    family
    health team
    agencies

ASSUMPTION NO. II

The Practice of the AD Graduate consists of processes and procedures that are standardized, in common use, and directed toward alleviating physical and psychosocial health problems. The outcomes are usually predictable. The graduate adapts Basic Skills to specific nursing situations, i.e., obstetrical nursing, pediatric nursing, geriatric nursing, "etc".

COMPETENCIES which relate to this assumption:

1. Safety

   1.1 Maintains a safe environment.

   1.2 Exercises appropriate physical control (e.g., restraints).

   1.3 Carries out medical asepsis (e.g., transmission control, skin prep).

   1.4 Carries out surgical asepsis (e.g., wound care, gowning and gloving).

   1.5 Uses proper body mechanics (self-patient).

   1.6 Recognizes changes in patient's condition and intervenes as necessary.

   1.7 Prepares and cares for patients undergoing diagnostic tests.

   1.8 Cares for the surgical patient (pre and post-op).

   1.9 Checks blood products for proper identification.

   1.10 Recognizes and reports transfusion reactions.

   1.11 Functions in appropriate role in fire and disaster procedures.

2. Hygienic Care

   2.1 Administers and/or supervises oral care.

   2.2 Administers and/or supervises skin care.

   2.3 Administers and/or supervises care of hair, eyes, hands and feet.

3. Activity and Rest

   3.1 Makes beds (e.g., occupied, unoccupied, surgical).

   3.2 Maintains body alignment (e.g., includes positioning and use of

devices to maintain alignment).

3.3 Directs and assists with ambulation.

3.4 Directs and assists with transfer activities.

3.5 Maintains immobilization (e.g., casts, traction, splints, special beds and frames).

3.6 Maintains supports (e.g., slings, bandages, binders).

3.7 Teaches and supervises use of assistive devices (e.g., cane, crutches, walkers, braces).

3.8 Administers, teaches and supervises activities of daily living, including range of motion.

4. Nutrition

4.1 Assesses nutritional status.

4.2 Assists with feeding.

4.3 Performs gastric gavage.

4.4 Assists in maintenance of hyperalimentation.

4.5 Incorporates diet therapy in care.

5. Elimination

5.1 Inserts, irrigates and removes tubes (e.g., rectal, urinary, levine).

5.2 Performs continuous and intermittent bladder irrigations.

5.3 Collects specimens (e.g., urine, sputum, stool).

5.4 Gives enemas.

5.5 Identifies and removes fecal impaction.

5.6 Participates in bowel and bladder retraining.

5.7 Performs ostomy care.

5.8 Anticipates elimination problems and intevenes appropriately.

6. Respiration

6.1 Positions patient for optimum ventilation.

6.2 Maintains patient airway.

6.3 Suctions (e.g., oral, nasal, or via tracheostomy or endotracheal tubes).

6.4 Administers resuscitation:
a) introduces oropharyngeal airway;
b) uses Heimlich Maneuver and CPR techniques.

6.5 Cares for tracheostomy (e.g., cuffed and uncuffed).

6.6 Cares for chest tubes.

6.7 Positions for postural drainage.

6.8 Supervises coughing and deep-breathing exercises.

7. Medications and Specific Therapeutics

7.1 Applies heat and cold treatments:
a) heat lamp
b) ice cap
c) ice collar
d) hot water bottles
e) sterile compresses
f) cradle
g) electric hot water pack
h) moist heat and cold

7.2 Prepares and administers medications safely for patients of all ages, as prescribed by the physician so as to maintain asepsis, prevent tissue damage and complications which could arise from the way in which the meds were prepared and administered.
a) oral medications
b) topical medications
c) parenteral medications (including Piggyback I.V. and Secondary I.V.s)
d) inhalant medications
e) suppositories
f) nose, eye and ear drops
g) instillations

7.3 Adds medications to I.V.s according to established policy.

7.4 Administers O_2 using prescribed method (e.g., mask, catheter, cannula).

7.5 Utilizes O_2 analyzer to correctly determine O_2 concentration in Isolette or neonatal environment.

7.6 Administers therapeutic baths (e.g., Sitz, alcohol).

7.7 Assists with common diagnostic and therapeutic procedures (e.g., thoracentesis, lumbar puncture or paracentesis).

7.8 Performs venapuncture for I.V. infusion on training arm.

8. Assessment

8.1 Measures, monitors and records:
- a) temperature
- b) pulse
- c) respiration
- d) blood pressure
- e) weight
- f) body measurement

8.2 Observes, monitors and records:
- a) skin color and temperature
- b) level of conscicusness (e.g., orientation, pupil reaction).
- c) secretions and excretions
- d) intake and output
- e) results of specified tests

8.3 Recognizes and intervenes in life-threatening situations.

8.4 Identifies and intervenes in deviations from normal behavior.

9. Communication

9.1 Initiates and maintains individualized nursing care plan.

9.2 Communicates observations both orally and in writing.

9.3 Identifies and interprets verbal and non-verbal communication.

9.4 Utilizes therapeutic communication skills (e.g., interviewing, health teaching, clarification of information).

9.5 Interacts constructively with other members of the health team as the client advocate.

9.6 Participates in the referral process to health/social agencies.

ASSUMPTION NO. III

The practice of the Associate Degree Graduate:

a. is performed effectively when guidance and supervision are provided by an experienced Registered Nurse. The optimal situation is one in which this Registered Nurse is prepared at the baccalaureate level or above.

b. involves directing other health workers in selected aspects of care.

COMPETENCIES which relate to this assumption:

1. Plans and gives total nursing care to 4-6 patients.

2. Participates as a member of the nursing team; has beginning skills in leading a nursing team of 2 or 3 health personnel in the total nursing care of 8-12 patients.

3. Participates in team conferences; has beginning skills in leading team conferences.

4. Finds and consistently uses appropriate resource.

ASSUMPTION NO. IV

The Associate Degree Graduate understands the system within which nursing personnel are educated and work, and his/her particular role and responsibilities within the health care delivery system.

COMPETENCIES relating to this assumption:

1. Demonstrates commitment to self-growth.

   a. Accepts responsibility for his/her own behavior.

   b. Takes responsibilities for continued learning.

   c. Recognizes and initiates constructive action for his/her own limitations.

2. Practices within the framework of the profession's legal, ethical and organizational responsibilities.

3. Suggests constructive changes in the health care delivery system through appropriate channels such as:
   nursing service
   legislation
   professional organizations

APPENDIX G

865 S. W. 51st Avenue
Margate, Florida 33068

January 2, 1977

Susan Kah
Nursing Education
Miami-Dade Community College

Dear Ms. Kah:

It is essential, at this point in nursing history, that nurse educators and nursing service administrators share in defining the functions of the two levels of registered nurses. The critical controversy surrounding the definition and therefore the education and appropriate use of the graduate is creating consumer confusion and mistrust. New graduates suffer from "reality shock" and leave nursing. If nursing does not solve its own internal crisis others will do so.

Since nursing's place in society is so ambiguous it places us in a precarious position. I would appreciate your assistance in helping to define the differences and similarities in the functions of the graduates of a baccalaureate degree and an associate degree in nursing programs.

Kindly respond to the enclosed questionnaire. Today if possible. Take part in helping to bring a solution to the existing problem. Join nursing service administrators and nurse educators in southern Florida by having your perceptions counted. Each participant will receive the results of the survey in order to help to better develop curriculum and to utilize nurses to their fullest potential.

The data from the questionnaires will be tabulated in a manner that will not reveal the identity of the participant.

Sincerely,

Jeanne Stark, R.N., M.A.
Administrative Assistant for
Curriculum and Faculty Development
in Nursing Education
Miami-Dade Community College

APPENDIX H

DIRECTIONS

This questionnaire is divided into six (6) sections under general nursing function headings: (1) Preparation for Nursing Care; (2) Carrying Out Nursing Care; (3) Teaching and Guidance; (4) Evaluation; (5) Supervision/Management; (6) Professionalism. Each item (competency) refers back to the general statement under which it is listed.

On the following pages place an "x" in the appropriate box for each item. Note that the left most box indicates the competency as an appropriate requirement for both ADN and BSN graduates, while the right hand box is an appropriate requirement for BSN graduates only.

Boxes and brackets already filled with numbers are for key punching instructions, and should be ignored in responding to the survey questions.

In the place below the final item on the last page of the questionnaire, and on the back of that page, please feel free to make comments and suggestions concerning the design of this survey, its appropriateness, and anything else on which you would like to comment.

Your cooperation is sincerely appreciated.

Definitions for use in filling out the questionnaire.

ADN: a graduate of an associate degree (community or junior college) nursing program.

BSN: a graduate of a baccalaureate (upper division college or university) nursing program.

Primary Health Care Facility: an agency in which there is contact with the medical profession for the promotion of health, i.e. community health agencies.

Secondary Health Care Facility: a non-intensive care, in-hospital, patient care area.

Tertiary Health Care Facility: a critical patient care unit within a hospital.

APPENDIX I

DEMOGRAPHIC DATA

Please place an "x" in the left most box which best answers the questions, in reference to yourself. The numbers in the right hand column are key punch instructions and should be ignored when answering the questions.

Your assistance is greatly appreciated.

I am employed as a:

	Card Column 1	
Nursing Service Administrator or In-Service Administrator	☐	(1)
Full-time AD faculty	☐	(2)
Full-time BSN faculty	☐	(3)

I have been employed in nursing:

	Card Column 2	
0-5 years	☐	(1)
6-10 years	☐	(2)
11-15 years	☐	(3)
16-20 years	☐	(4)
Over 20 years	☐	(5)

The highest degree I hold is:

	Card Column 3	
Diploma	☐	(1)
Associate degree	☐	(2)
Baccalaureate degree	☐	(3)
Masters degree	☐	(4)
Beyond a Masters	☐	(5)

APPENDIX J

865 S. W. 51st Avenue
Margate, Florida 33068

January 3, 1977

Barbara Buchanan, Dean
Department of Nursing Education
University of Miami
Coral Gables, Florida

Dear Ms. Buchanan:

I am interested in identifying the perceptions of associate degree and baccalaureate degree faculties and nursing administrators regarding terminal competencies of ADN and BSN graduates. I would appreciate having your full-time nursing faculty participate in the study.

It would be helpful to me to have a list of the names of your faculty members so that I could mail them a copy of the survey instrument. If you have no objections to their participation in the study, but cannot disseminate a list of names, I would appreciate a copy of your catalogue so that I can extract the names myself.

Sincerely,

Jeanne Stark, R.N., M.A.
Administrative Assistant for
Faculty and Curriculum Development
Nursing Education
Miami-Dade Community College

APPENDIX K

Place an "X" in the appropriate box for each item.

1.0 PREPARATION FOR PATIENT CARE

The graduate will be able to:	Key Punch (0) ADN and BSN	Key Punch (1) BSN only	Card Col.
1.1 Utilize principles from behavioral and clinical sciences to plan nursing care.			(4)
1.2 Apply concepts of developmental needs to specific patient situations.			(5)
1.3 Take a nursing history.			(6)
1.4 Take a medical and psychosocial history.			(7)
1.5 Synthesize information from a patient's chart, nursing history, observations to determine patient needs.			(8)
1.6 Include patient and family in planning care.			(9)
1.7 Set goals for immediate care.			(10)
1.8 Set goals for long range care.			(11)
1.9 Identify socioeconomic, religious and cultural influences on patient's perception of his/her illness.			(12)
1.10 Identify the meaning of the hospitalization to the patient and family.			(13)
1.11 Utilize the meaning of the illness and hospitalization to the patient and family in formulating a plan of care.			(14)
1.12 Develop a plan of care using the nursing process.			(15)
1.13 Determine the member of the health team best able to meet the needs of the patient.			(16)

Place an "X" in the appropriate box for each item.

2.0 CARRYING OUT PATIENT CARE

The graduate will be able to:	Key Punch (0) ADN and BSN	Key Punch (1) BSN Only	Card Col.
2.1 Utilize communication skills to interact constructively within the institutional setting with patients, families and other personnel.			(17)
2.2 Utilize communication skills to interact constructively in community health agencies.			(18)
2.3 Apply scientific principles when carrying out nursing care.			(19)
2.4 Prepare and care for patients undergoing diagnostic tests.			(20)
2.5 Carry out complete nursing care in primary health care facilities.			(21)
2.6 Carry out complete nursing care in secondary health care facilities.			(22)
2.7 Carry out complete nursing care in tertiary health care facilities.			(23)
2.8 Carry out complete nursing care in extended health care facilities i.e. nursing homes.			(24)
2.9 Adapt nursing skills to meet the needs of patients of different developmental age groups.			(25)
2.10 Utilize diversional activities based on health and developmental needs.			(26)
2.11 Recognize the need to refer patients to other health team members and/or agencies.			(27)
2.12 Refer patients and/or families to other health team members and/or agencies.			(28)

Table 2.0 (continued)

Place an "X" in the appropriate box for each item.

The graduate will be able to:	Key Punch (0) ADN and BSN	Key Punch (1) BSN Only	Card Col.
2.13 Demonstrate competence in basic nursing skills.			(29)
2.14 Assume responsibility for starting intravenous infusions with an intracath.			(30)
2.15 Assume responsibility for keeping an open airway by intubating when necessary.			(31)
2.16 Assume responsibility for starting blood transfusions.			(32)
2.17 Assume responsibility for promoting rehabilitation activites.			(33)
2.18 Assume responsibility for reading EKG strips.			(34)
2.19 Assume responsibility for taking independent action based on assessment of patient needs.			(35)
2.20 Plan and direct patient activities.			(36)
2.21 Function appropriately in disaster situations.			(37)
2.22 Function appropriately in emergency situations.			(38)
2.23 Assume responsibility for giving total care to four to six patients.			(39)
2.24 Assume responsibility for supervising the care of eight to twelve patients.			(40)
2.25 Assume responsibility for meeting the psychosocial needs of patients.			(41)
2.26 Recognize changes in patient status and intervene appropriately.			(42)

Place an "X" in the appropriate box for each item.

2.0 CARRYING OUT PATIENT CARE

		Key Punch (0) ADN and BSN	Key Punch (1) BSN Only	Card Col.
2.27	Recognize and intervene in situations that may be life threatening to a patient.			(43)
2.28	Recognize and intervene when patients exhibit deviations from normal behavior.			(44)
2.29	Recognize the limitations of nursing intervention imposed by educational background and/or lack of on-the-job training.			(45)

Place an "X" in the appropriate box for each item.

3.0 TEACHING AND GUIDANCE

The graduate will be able to:	Key Punch (0) ADN and BSN	Key Punch (1) BSN Only	Card Col.
3.1 Understand the principles of patient and family teaching.			(46)
3.2 Understand the principles of teaching other health team members.			(47)
3.3 Utilize the principles of teaching when communicating institutional philosophy and regulations to patients, families, and staff.			(48)
3.4 Utilize the principles of teaching when communicating, to patients and families, information relative to current illness.			(49)
3.5 Utilize the principles of teaching when communicating to patients and families information relative to convalescence and the promotion of health.			(50)
3.6 Assume responsibility for team conferences relative to medical information, nursing procedures or special techniques.			(51)
3.7 Assume responsibility for nursing care conferences with team members.			(52)
3.8 Participate in nursing care and team conferences.			(53)
3.9 Assume responsibility for teaching individual patients or small groups of patients, about their health needs.			(54)
3.10 Assume responsibility for teaching patient floor conferences or clinic conferences.			(55)

Place an "X" in the appropriate box for each item.

3.0 TEACHING AND GUIDANCE

The graduate will be able to:	Key Punch (0) ADN and BSN	Key Punch (1) BSN Only	Card Col.
3.11 Assume responsibility for directing nursing team personnel regarding their role in meeting individual patient needs.			(56)
3.12 Assume responsibility for supervising the activities of daily living for four to six patients.			(57)
3.13 Assume responsibility for supervising the activities of daily living for six to fifteen patients.			(58)

Place an "X" in the appropriate box for each item.

4.0 EVALUATION

The graduate will be able to:	Key Punch (0) ADN and BSN	Key Punch (1) BSN Only	Card Col.
4.1 Evaluate the effectiveness of personal participation in patient care.			(59)
4.2 Identify personal strengths and weaknesses in the delivery of health care.			(60)
4.3 Set personal goals and strategies to increase effectiveness in the delivery of nursing care.			(61)
4.4 Assume the responsibility for seeking assistance from team leader, charge nurse or other appropriate person(s) to clarify role or technique.			(62)
4.5 Assume the responsibility for evaluating self as team participant.			(63)
4.6 Assume responsibility for evaluating self as team leader.			(64)
4.7 Assume responsibility for getting feed-back from patients, nursing team members and nursing administrators regarding effectiveness.			(65)

Place an "X" in the appropriate box for each item.

5.0 SUPERVISION/MANAGEMENT

The graduate will be able to:	Key Punch (0) ADN and BSN	Key Punch (1) BSN Only	Card Col.
5.1 Analyze nursing care requirements in order to develop a criteria for staffing.			(66)
5.2 Assign patients to appropriate nursing team personnel.			(67)
5.3 Supervise and evaluate the effectiveness of nursing team members.			(68)
5.4 Initiate services or referrals for patients.			(69)
5.5 Direct personnel and activities of a team caring for eight to twelve patients.			(70)
5.6 Direct personnel and activities of a team caring for twelve to twenty patients.			(71)

Place an "X" in the appropriate box for each item.

6.0 PROFESSIONALISM

The graduate will be able to:	Key Punch (0) ADN and BSN	Key Punch (1) BSN Only	Card Col.
6.1 Assume responsibility for updating theory and techniques relative to job description.			(72)
6.2 Practice within the framework of professional, legal, ethical and organizational responsibility.			(73)
6.3 Suggest constructive changes in the health care delivery system.			(74)
6.4 Assist in bringing about positive changes in the health care delivery system within an individual institution.			(75)
6.5 Utilize appropriate institutional and legal processes to bring about positive changes in the health care delivery system within a community or on a national level.			(76)
6.6 Assume the responsibility for the delivery of safe care to patients within the social institutions in which the nurse is practicing.			(77)
6.7 Recognize the need to belong to the American Nurses Association.			(78)
6.8 Recognize the importance of taking an active role in the American Nurses Association.			(79)
6.9 Assume a peer relationship with other members of the health team.			(80)

APPENDIX L

APPENDIX L

ANALYSIS OF DATA FOR BACCALAUREATE

DEGREE NURSING COMPETENCIES

ITEM	Probability of Group Differences	Mean*, Total Group	F Ratio	GROUP MEAN*		
				Associate Degree Faculty	Baccalaureate Degree Faculty	Nursing Service Administrators
1.1	.07	.07	2.80	.00	.07	.14
1.2	.02**	.10	4.38	.00	.21	.11
1.3	ns.	.16	0.46	.19	.18	.11
1.4	.09	.61	2.52	.57	.79	.53
1.5	ns.	.17	1.88	.08	.18	.25
1.6	ns.	.09	2.30	.07	.09	.03
1.7	ns.	.01	0.90	.00	.00	.03
1.8	ns.	.20	2.32	.11	.32	.19
1.9	ns.	.27	1.15	.19	.36	.28
1.10	ns.	.18	1.53	.14	.29	.14
1.11	.06	.23	2.97	.11	.36	.25
1.12	.02**	.13	4.35	.03	.10	.25
1.13	ns.	.45	0.80	.49	.50	.36
2.1	ns.	.09	1.48	.03	.11	.14
2.2	.06	.47	2.84	.35	.64	.44
2.3	ns.	.06	1.94	.00	.11	.08
2.4	ns.	.00	.00	.00	.00	.00
2.5	.003**	.49	6.35	.43	.75	.33
2.6	ns.	.04	2.55	.03	.11	.00
2.7	ns.	.49	0.74	.49	.57	.42
2.8	.02**	.07	4.21	.05	.18	.00
2.9	ns.	.11	2.17	.03	.18	.11
2.10	.05**	.20	3.01	.08	.21	.31
2.11	.06	.18	3.41	.05	.29	.22
2.12	.007**	.34	5.23	.27	.57	.22
2.13	ns.	.00	0.0	.00	.00	.00
2.14	.004**	.50	5.73	.62	.61	.28
2.15	ns.	.58	0.70	.54	.68	.56
2.16	.001**	.50	10.31	.60	.71	.22
2.17	.06	.18	2.84	.11	.32	.14
2.18	ns.	.55	1.31	.65	.46	.55
2.19	.08	.41	2.55	.27	.54	.44

ITEM	Probability of Group Differences	Mean*, Total Group	F Ratio	GROUP MEAN *		
				Associate Degree Faculty	Baccalaureate Degree Faculty	Nursing Service Administrators
2.20	.ns.	.16	0.55	.11	.18	.19
2.21	ns.	.11	1.22	.11	.18	.05
2.22	ns.	.07	0.42	.05	.11	.06
2.23	ns.	.02	0.58	.03	.04	.00
2.24	.03**	.53	3.53	.57	.68	.36
2.25	.004**	.24	5.93	.05	.36	.33
2.26	ns.	.05	0.68	.03	.04	.08
2.27	.07	.07	2.80	.00	.07	.14
2.28	.06	.12	2.85	.03	.21	.14
2.29	ns.	.05	1.54	.00	.07	.08
3.1	.01**	.16	4.62	.05	.32	.14
3.2	.05**	.36	3.13	.24	.54	.33
3.3	.001**	.37	9.41	.25	.68	.25
3.4	.1	.24	2.22	.14	.36	.25
3.5	.001**	.27	8.85	.11	.54	.22
3.6	.11	.53	2.28	.57	.64	.39
3.7	.05**	.48	3.13	.49	.64	.33
3.8	ns.	.01	1.31	.00	.04	.00
3.9	ns.	.28	0.54	.22	.32	.31
3.10	ns.	.57	0.91	.51	.68	.57
3.11	ns.	.57	1.41	.60	.68	.47
3.12	ns.	.12	1.58	.19	.11	.06
3.13	.002**	.45	6.47	.65	.43	.25
4.1	ns.	.10	0 .95	.11	.04	.14
4.2	ns.	.15	0.53	.11	.14	.19
4.3	ns.	.12	0.65	.08	.11	.17
4.4	ns.	.02	0.38	.03	.00	.03
4.5	ns.	.05	0.34	.03	.07	.06
4.6	ns.	.31	0.23	.30	.36	.28
4.7	ns.	.31	0.23	.30	.36	.28
5.1	.05**	.81	3.04	.69	.84	.93
5.2	ns.	.49	1.76	.36	.57	.54
5.3	.03**	.61	3.73	.44	.68	.75
5.4	.08	.40	2.62	.31	.35	.57
5.5	.07	.46	2.74	.31	.57	.50
5.6	.07	.67	2.76	.76	.75	.53
6.1	ns.	.34	0.69	.35	.25	.39
6.2	ns.	.03	0.99	.00	.04	.06
6.3	ns.	.19	1.65	.11	.29	.19
6.4	ns.	.19	1.65	.11	.29	.19
6.5	ns.	.60	1.74	.54	.75	.56

ITEM	Probability of Group Differences	Mean*, Total Group	F Ratio	GROUP MEAN*		
				Associate Degree Faculty	Baccalaureate Degree Faculty	Nursing Service Administrators
6.6	ns.	.07	0.82	.08	.11	.03
6.7	ns.	.01	1.31	.00	.04	.00
6.8	ns.	.06	0.04	.05	.07	.06
6.9	ns.	.10	2.02	.03	.11	.17

"ns." refers to statistical non-significance at the .05 alpha level.

* mean is the proportion of the group indicating that the competency should be required of baccalaureate graduates only.

** differences significant at or beyond the .05 level.

VITA

Jeanne Stark passed the New York State Board Nurse Licensure examination in 1947, after receiving her diploma from the Mount Sinai Hospital School of Nursing, New York City.

Ms. Stark was married in 1947, and while raising a family, earned her baccalaureate degree at St. Johns University, New York, in 1965.

After working in in-service education for one year, Ms. Stark accepted a position as maternal-child health chairperson at the Roosevelt Hospital School of Nursing, New York City. While at Roosevelt Ms. Stark did curriculum development and was a member of the ad hoc committee which developed the curriculum for the Columbia University baccalaureate program in nursing education.

In January, 1973, Ms. Stark moved to Florida, and accepted the position of maternity nursing coordinator at Miami-Dade Community College. She is presently Administrative Assistant for Curriculum and Faculty Development, in the Nursing Department.

Publications by Ms. Stark include two programmed textbooks published by McGraw-Hill (1974-1975), a Criterion Referenced Manual for a nursing practicum, and a paper published by the National League for Nursing.

Ms. Stark has acted in the capacity of curriculum consultant to the Cuban Nurse program faculty, to Grayson-Maclean Associations, Chicago, and to several colleges and universities. Her future plans include continuing with her consultant work and in utilizing her administration and faculty development expertise in or out of nursing.

She holds membership in the American Nurse Association and the National League for Nursing and has current professional nurse licensure in New York and Florida.

UNIVERSITY OF CALIF.
LOS ANGELES

OCT 28 1977

CLEARINGHOUSE FOR
JUNIOR COLLEGES